	MSHA Form 7000-10K, Juna 93 (revised)	MSHA Form 7000-10K, Juna 93 (revised)
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Date 11-13-6 Event No. 4/1/83 9	Be myny yout in	Orachel Gulgale Low
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Accompanied By: Company Representative :	The right Rib bis 4	4, Demond gerry
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Inspector's Initial Supervisor's Initials and Date # 11-14-6 Page No.	11,8,G-P.O.; 2001—609-238	U.S.Q.P.Q.: 2001—609-234
*U.S. Government Printing Office: 1997 - 502-470		
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MSHA Form 7000-10K, June 93 (revised)	MSHA Form 7000-10K, June 93 (revised)	MSHA Form 7000-10K, June 93 (revised)
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MSHA Form 7000-10K, Juna 93 (revised)

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Supervisor's Initials and Date 45 (1.14.6 Page No.

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EXAMPLATION WES CONTON

ON FROM DOS SECTION

WONT OF 1" TO 18 INCL'S

IN BE IND, 4-5-6

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ONE 10-13-6

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PETWAN DI I EPATAL

Inspectors II

MSHA Form 7000-10K, June 93 (revised)

HAZARdous Conditions

- 1. MAININTAKE: NEED SOME LIMBERS SET BETWEEN 79480BK'S # 6 ENTRY
- 2. North Mains Section Intake: Stoppings At 38KW 11BK NEED rebuilt starting to crush out.
- 3. NERTH MAINS Return: Top cutting Down Right RIB 99BK to 100 BK & 160 BK to 101BK
 Top Needs Additional Roof Support 97BK to 99BK; Top Cutting Down Both
 RIBS Between 97BK & 98BK. Water Needs pumped Between 76BK & 77BK (OVER &
 95BK Stopping Partly Crushed out (Cuetain Overit) 154BK Stopping halfway

CRUSHED OUT. WATER NEEDS PUMPED 166 BK to INDY 167BK At the FACE OF: 4. Intake Air Splits for EP's: Intake Air Split for EP 22 NEEDS Scroped & St Bolted. Needs Eimbered or bolted Between 72 & 73BK HG15. Falls in #1

4#2 Entry 848K, Falls in #1 Entry At 85486 Bics. Intake split for NW to HG 17 WEEds Limbered OR Spot Bolted.

5. LBB INTAKE: WATER NEEDS Pumped At 8BK (OVER BOOKS). Stopping At 16 BK NEEDS Holes fixed + plastered.

6. LBB RETURN: Pump At 14BK WAS NOT OPERATING WATER WAS DEED.

Pumpushual ad 76BK Dincing RebuilTSTOPPINGS AT 95BK And 184 BK PROCESS SETTING PUMPIN PICE Pumpushad SBKLBBFRT PumpedWATER #14BKRT, Harley laybust

Signature July 2919 (

Signature

Superintendent or Assistant

HIR WAY I RAVELS	Weekly Examinations—Week Ending //- 4 20 0
in-2ndo TRAUSIEN NORTH MAINE PENTA	INTNIESE from BOK to mouth at 131BK MAININTAKE J 129 BK Noath Mains to SBK Air Lock Doors then outside UBB
10-20-06 TRAVELED MAIN INTAKE from	u 129 BK North Mains to 5BK AIR Lock Doors then outside UBB
10-31-66 TRAVELED FAST RETURN From	N Punchout to mouth of EAST RETURN 30BK
10-31-06 TRAVELED NORTH RETURN	from 36 BK to outside UBB
11-1-06 TRAVELED North MAINS Retu	
11-1-06 TRAVELED NORTH MAINS SEC	tion Intake from 166 BK on Section to 75 BK
11-1-06 TRAVELED INTAKE AIR SPI	its for EP's 20A433
11-2-06 TRAVELED INTAKE Air Sp	lit from Cut-through At 8 BK to LBB Section
11-2-06 TRAVELED 2BB RETURN.	from @ At mouth of LBB upto EP's At mouth of Each PAN
11-2-06 TRAVELED INHAKE AIR SP	lit-for EP's 41,42,43,50,55,56,57,22,39,
11-3-66 TRAVELED LAB INTAKE fr	lit for EP'S 41,42,43,50,55,56,57,22,39,
11-3-06 TRAVELED LBB RETURN +	rom (B) At mouth of Section to 31 BK on Section
	HAZARdous Conditions
1. MAIN THAKE: NEED	some timbers set Between 79480BK's # 6 ENtey.
2. North Mains Section IN	take: Stoppings at 3BK & 11 NEED vebuilt starting to
Crushout.	· · · · · · · · · · · · · · · · · · ·
3. North Mains Return:	Top cutting Down Right RIB 99BK to 100BK & 100BK to 101
	Roof Supposet 97BK to 99BK; Top cutting Down Both.
RIBS BETWEEN 97BK	+98BK. WATER NEEDS PUMPED BETWEEN 76BK & 771
(OVERBOAS). 95BKS	+98BK. WATER NEEDS pumped Between 76BK & 77E topping Partly crushed out (curtain overit) 154 BK
•	Rushed out. WATER NEEDS PUMPED 166BK to INDY 16
At the Face of #6	College Cooco vortica necessor antipas 100012 00 11009 10
•	EP's: Intake Split for NUL to HG17 NEEDS SCOOPED W
	plit for EP22 Need Scooped & spot Bolted, Intoke splitfor
EP 29 Une ROLFAILE IN	HIGHER A SHER SSER SEEV REOF FAILIN #2 SOLDER SHEE
5. IBB THAKE: Water	H1EWley At 848K, 85BK, 86BK ROOF FAH IN #2 ENTRY 84BK. NEEDS PUMPED AT 8BK (OVER BOOKS) Stopping AT 16BK
NEEDS Holes fixed w/	olastered.
gazer-mana, yezy-mentegypegydyddiddid 2000 a a a a a a a a a a a a a a a a a	
,	
Coppertions from wk of	10-28-06: WHER ON North MAINS SECTION INTAKE
A+ 137 BK HAS bEE	
	3760

1-23-06 TRAVELED NORTH MAINS Section INTAKE from 75BK to mouth At 131BK MAIN INTAKE
1-23-06 TRAVELED MAIN INTAKE From 129BK NORTH MAINS to 5BK Air Lock Doors then outside UBB
1-2406 TRAVELED EAST RETURN from Punchout to Mouth of EAST RETURN 30 BK. 1-2406 TRAVELED NORTH RETURN From 36 BK to Outside 4BB
-25-06 TRAVELED NORTH MAINS RETURN From 74BK to 161BK
.25-06 TRAVELED North MAINS Section Intake from 166 BK ON Section to 75 BK
1-26-06 TRAVELED INTAKE Air Split from cut-through A+8BK to LOB Section
26-06 TRAVELED LOB RETURN From BA+ mouth of LBB up to EP's A+ mouth of EACH PANEL
26-06 TRAVELED the INTERE AIR SPITE FOR EP'S 42,40,40,41,39,22,33,30A,
2706 TRANSLED LBB INTAKE From 26 BK ON SECTION to 65 BK CONNECTION With MAININTAKE
2706 TRAVELED LBB Return from (R) At mouth to 26 BK ON Section
HAZARdous Conditions
1. MAIN. INTAKE: NEED Some timbers SET BETWEEN 79480BK'S #6 ENTRY
2. N. MAINS Section Intake: Stoppings At 3BK & 11BK NEED VEBUILT STARTING
to crush out. Water Needs pumped at 137BK #2 Entry (Over Boots).
3. North Mains Return: Top cutting Down Right Rib 99 BK to 100 BK & 100 BK to 101 BK;
Top WEEDS Additional Roof Support 97BK to 99BK. WATER NEEDS pumped Between
76BK w 77BK (OVER Boots). 95BK Stopping Partly Crushed out (Curtain Over it).
154 BK Stopping halfway crushed out. Water NEEDS pumped 1668K to inby
167BK At the FACE of #16 ENTRY. TOP CUTTING DOWN LEFT RIB 146BK to 147BK. 4. INTAKE AIR Splits for EPIS: NEED TIMBERS SET BETWEEN 72BKJ 73BK INTAKE
4. INTAKE HIL Splits for EP'S: Need Timber's Set Between 728KJ 73 BK INTAKE
Split for HG 15 + HG 16 Eps. FAlls in #1 + 12 ENtry's 84 BK; FAll in #1 Entry
BETWEEN 84BK + 85BK; FALL IN BK BETWEEN #1+# 2 ENTRY'S 86BK, INTAKE
Air Split for HG14 - HG15 EP's. INTAKE Air Split Between NW & HG17 SEALS
NEEDS Scopped & Spot Bolted.
5. LBB. TNTAKE: WATER NEEDS PUMPED AT 8BK (OVER BOOK)
Corrections from wk of 10-21-06: Stopping At 132BK MAIN INTAKE North MAINS
that was crushing out was rebuilt.
37052

Certificate No.

Superintendent or Assistant

Towal I North Maine Scale Totale Brown 130 BK to mouth at OUFOCAST 131 BK Main Total
0.9-do TRAVELED NORTH MAINS SECTION INTAKE From 130BK to mouth At OVERCAST 131BK MAININHA 3-9-06 TRAVELED MAIN INTAKE from 129BK NORTH MAINS to 68BK MENTHOOF LBB SECTION 0-10-06 TRAVELED LBB RETURN & PANELS GOING to EP'S 3-11-06 TRAVELED NORTH MAINS RETURN From 74BK to 166BK ON SECTION
0-10-06 TRAVELED LBB RETURNS PANELS going to EP'S
7-11-06 TRAVELED NORTH MAINS RETURN From 14BK to 166BK ON SECTION
2-11-06 TRAVELED North Mains Section Intake from 1670x on Section to 75BK
0-12-66 TRAVELED EAST RETURN from Punchout to mouth of EAST RETURN 30 BK
>-12-06 TRAVELED North Actuan from 368k to Dutside UBB
0-13-06 TRAVELED LBB INTAKE from 20BK ON SECTION to 65BK CONNECTION with MAININTAKE
1-13-06 TRAVELED LIBB RETURN From 20BKON SECTION to mouth At (R)
>13-06 TRAVELED MAIN INTUKE from mouth of LBB SECTION INTAKE 65BK to 5BK Air-Lock Doors
HAZARdous Conditions
1. MAIN INTAKE: Stopping Crushing out At 132 BK Between # 2 + # 3 ENtry's.
NEED Some timbers SET bETWEEN 794 80 BKS #6 ENTRY.
2. N. MAINS Section Intake: Stoppings At 3BK+ 11BK NEED VE built structing
to CRUSH out. Stoppings At 49, 50, 45/BK'S BETWEEN #24#3 ENTRY'S
NEED built. WHER NEEDS pumped At 137 BK(#2 ENtry) Over Boots.
Joun Right-Rib 99 BKts 100 & 100 to 101 BK, Top NEEds Additional Roof Supposet
97BK to 99BK- Water NEEDS OWNERD BETWEEN 76BK477BK (OVER Boots).
97BK to 99BK. WATER NEEDS pumped Between 76BK TTBK (OVER Boots). WATER Accumulating At 88BK (Coming out of Bottom). 95BK Stopping PARTY
CRUSINED but (curtain over it). 154 BK Stopping halfway crushed out.
CRUSHIED OUT (CURTAIN OVER it). 154 BK Stopping halfway crushed out. 4 LBB INTAKE: WATER NEEDS PUMPED AT 8BK; WATER ACCUMULATING
BETWEEN 12BK WI3BK.
5 LBB RETURN: WATER NEEDS PUMPED BETWEEN 14BK#15BK (OVER BOOTS)
CORRECTIONS
CORRECTIONS STOPPINGS BUILT A T 49, SO, 31 BK WMAINS WATER PUMPED AT 15 BKRET LBB
UIBTER QUINDER AT 15 RUPET LAB
2900
37007
100 x 1 20,01
Signature Signature Signature Signature Superintendent or Assistant

Mine Citation/Order

(activity code) 22. Signature

U.S. Department of Labor



			4/	30/07		Mine Safety	and Healt	h Administration	on	" %
Section I-Violati	on Data					The state of the s		·	·	Control of the Contro
1. Date	Mo Da 11/13/20		2. Time (24 h	ir. Clock) 1025				3. Citation/ Order Number	725847	'7
4. Served To						5. Operator				
BENNIE P	RESTLY				······	<u> </u>	ANCE CO	AL COMPAN	√Y	
6. Mine IIDDED BY	C DD AN	CHA	INE-SOUT	-		7. Mine ID	46-0843	6		(Contractor)
8. Condition or		CTT 1A1	11415-20011	. <u> </u>	<u> </u>	<u> </u>			8a. Written N	
		shi	eld haul	er on mmu	1 009 ±	is not b	eing ma	intain ir		
Conditi	on, ti	ne 1	nby pane	el has a c	opening	g in exc	ess oi	.005.		
			4					See Continue	ation Form (MSHA	Form 7000-3a)
9. Violation	A. Health Safety Other		B. Section of Act			Part/Section of itle 30 CFR	. •	75,50	3	
Section II-Inspe	ctor's Evalua	ation		T						
10, Gravity: A. Injury or	Iliness (has	s) (is):	No Likelihood	l 🗌 Unlike	ly 🗌	Reasonably L	ikely 🗸	Highly Likely] Occurre	ed 🔲
	iliness coul be expected		No Lost \	Vorkdays 🗌	Lost Work	days Or Restrict	ed Duty 🔽	Permanently I	Disabling [Fatal [
C. Significa	ant and Sub	stantial:	Yes •	Z No □				D. Number of Pe	rsons Affected:	001
11. Negligence	e (check on	e)	A. None	B. Low	C. N	loderate 🔽	D. High	□ E. R	eckless Disregar	'd [.]
12. Type of Ac	tion	104((a)	13.	Type of Issua	ince (check one)	C	itation 🗸 C	rder 🗌	Safeguard 🗌
14, Initial Action A. Citation		der 🗌	C. Safeguard	D. Written N	otice []	E. Citation/ Order Numb	er	,	F. Dated	Mo Da Yr
15. Area or Ec	quipment	0 0 000 0 0								
16. Termination	n Due	A. Date	Mo Da Yr 11/13/200	6 B. Time (24	Hr. Clock)	2000				
Section III-Terr		on								
17. Action to	Terminate								•	
18, Terminate	d A. Date	Mo	Da Yr B.	Time (24 Hr. Cloc	k)					
Section IVAut		em Data								
19. Type of In	spection	E01	20. Event No	mber 41	11839	21. Prin	nary or Mill			

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-9247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

23. AR Number

23703

Mine Citation/Order Continuation

U.S. Department of Labor Mine Safety and Health Administration

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Section ISubsequent Ac	ction/Continuation Data	(Pri	MANAGEMENT AND				·	
 Subsequent Action 	1a. Continuation	2. Dated (Original Issue)	Мо 11,	Da /13/20		3. Citata' Order Number	72384 77 - U1	
4. Şerved To					5. Operato)r		
Dempsey Pettry					PERFO	RMANCE CO	AL COMPANY	
6. Mine					7. Mine ID	46.0040	<i>*</i>	(Contractor)
UPPER BIG BRA	ANCH MINE-SO	UTH				46-0843	6	
Section IIJustification for	or Action		<u> </u>					

The opening in the panel has been closed.

									See Continuation Form
Section IIISubse	quent Action	Taken							
8. Extended To	A. Date	1o Da	Yr	B. Time (24	Hr. Clock)		C. Vacated	D. Terminated	E. Modified
Section IVInspe	ction Data								and the first of t
9. Type of Inspe	ection E0		10. E	vent Number	4111839				
11. Signati					AR Number	12. Date	Mo Da Yr	13. Time (24 Hr. Clo	ck)
					23703		11/15/2006	0925	

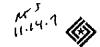
Mine Citation/Order

Continuation

U.S. Department of Labor

Mine Safety and Health Administration

Section I -- Subsequent Action/Continuation Data 1.Subsequent Action 1a.Continuation 2. Dated Mo Da Yr 3. Citation/ X (Original Issue) Order 2 5 8 Number 4. Served To By Certified Mail 5. Operator **Greg Fernett Performance Coal Company** 6. Mine 7. Mine ID Upper Big Branch - South (contractor) Section II -- Justification for Action Upon further review at conference, this citation is modified as follows Item 10 A is modified to Unlikely Item 10 C is modified to Non-S&S The shield hauler is mainly used in areas outby the section feeder. See Continuation Form Section III -- Subsequent Action Taken 8.Extended To Mo Da C. Vacated A.Date B.Time(24HrClock) D.Terminated E.Modified Section IV -- Inspection Data 9.Type of Inspection 10. Event Number T 0 2 AR Number 12. Date Mo Da Yr 13.Time(24 Hr.Clock) 030707 20730 MSHA Form 7000-3a, Mar 85 (revised)



Mine Citation	on/Order	4/30/0	7		U.S. Department of Labor Mine Safety and Health Administration					
Section IViolat	on Data			TXXXII ZINE CHANASAJON TXXXII MUUN	National And Carly Hanning Millians (comp	The second second	The state of the s	Security of the second seco		
1. Date	Mo Da Yr 11/13/2006	2. Time (24 Hr. Clock) 1035				3. Citation/ Order Num	_{ber} 725847	' 8		
4. Served To	11/15/2000	1000	29	5. Operator			<u></u>			
BENNIE P	RESTLY			PERFOR	MANCE CO	AL COMPA	NY			
6. Mine	G BRANCH M	IINF-SOUTH	On the second se	7. Mine ID	46-0843	6	ON THE STATE OF T	(Contractor)		
8. Condition of		III1D-000111				,	8a. Written N			
Up t station	•	ate time and	initials	was not	present	at the				
						Son Contin	· uation Form (MSHA	5orm 7000 2a)		
9. Violation	A. Health ☐ Safety ✔ Other ☐	B. Section of Act		C. Part/Section of Title 30 CFR	·	75,360		rom roop-say		
	ector's Evaluation									
10. Gravity: A. Injury or	Iliness (has) (is):	No Likelihood	Unlikely 🔽	Reasonably	Likely	Highly Likely	Occurre	ed 🗌		
	illness could rea- be expected to be:	No Lost Workdays	✓ Lost V	/orkdays Or Restri	cted Duty 🗌	Permanently	/ Disabling	Fatal []		
C. Signific	ant and Substantial	Yes No	· 🗹			D. Number of P	ersons Affected:	001		
11. Negligeno	e (check one)	A. None B.	Low 🗌 🔻	C. Moderate 🔽	D. Hlgh	☐ E;	Reckiess Disrega	d 🗌		
12. Type of A	otion 104	(a)	13. Type of I	ssuance (check on	e) (Citation 🗹	Order 🗌	Safeguard [
14. Initial Action	n		Written Notice	E. Citation/ Order Num	nber		F. Dated	Mo Da Yr		
15. Area or Ed					anne ann d iù Egy a agus agus agus agus ann ann ann diù					
16. Termination	on Due A. Dat	e Mo Da Yr 11/13/2006 B.	Time (24 Hr. Cloc	k) 1045						
Section IIITen				***						
a exami	Terminate Up ination wa	o to date, da as maked.	te time	and initi	als was	put at t	the charge	er after		
18. Terminate	A. Date 11,	o Da Yr /13/2006 B. Time (24	Hr. Clock)	1035			_			
	omated System Data			Total	Imans Battl					
19. Type of In	spection ode) FO	20. Event Number	4111839) 21. Pr	imary or Mill					

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Feinress Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

23. AR Number

23703

22. Signature

Mine Citation/Order

22, Signature

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U.S. Department of Labor



		4/3	0007	Min	ie Safety a	ind Healt	h Adminis	tration	ļ	'' •	
Section IViola	tion Data								kanasiiini viilia adlāspijiji ja	SINNESS NEWSCOOL STATE OF THE S	<u> paganian na mana</u>
1. Date	Mo Da Yr 11/13/2006	2. Time (24 Hr. Clo 104					3. Citation Order N		725847	9	
4. Served To				5. C	perator		·				,
BENNIE P	RESTLY	-			RFORMA	NCE CO	AL COM	PANY			
6. Mine				7. N	Aine ID 4	6-0843	6				
	G BRANCH M	INE-SOUTH			•				o. 187.95 17	(Contrac	
8. Condition o				~			٠ - الله عند الله		8a, Written N		
section	•		nd initial	s was	1100 þ	resenc	TII UII	e rac	ses or	mmu 00))
							·				
							See Co	ontinuation	Form (MSHA I	Form 700 0-3ε	a) 🗌
9. Violation	A. Health ☐ Safety ✔	B. Section of Act		C. Part/S Title 3			75.	360(e)			
Castler II Iron	Other		,				· · · · · · · · · · · · · · · · · · ·				
10. Gravity:	ECIOI S EVAIDATION									· · · · · · · · · · · · · · · · · · ·	
-	r Iliness (has) (is):	No Likelihood	Unlikely 🗸	Re	asonably Like	ly 🗌	Highly Like	ly 🗌	Occurre	d 🗌	
B. Injury o	r illness could rea- be expected to be:	No Lost Work	days 🔽 Lost	Workdays	Or Restricted	Duty 🗌	Perman	ently Disa	bling 🗌 .	Fatal	
	ant and Substantial:	Yes 🗌	No 🗸				D. Number	of Person	s Affected:	001	
11. Negligend	ce (check one)	A. None	B. Low	C. Modera	ate 🗸	D. High		E. Reckl	ess Disregard	1 🔲	····
12. Type of A	ction 104(a)	13. Type of	issuance ((check one)	C	itation 🗸	Order		Safegua	rd 🗌
14. Initial Act A. Citation	4	C. Safeguard	D. Written Notice		Citation/ Order Number			f	. Dated	Mo Da	Υr
15. Area or E	quipment										
16. Terminat	on Due A. Date	Mo Da Yr 11/13/2006	B. Time (24 Hr. Clo	ck)	1115						
Section IIITe	rmination Action										
17. Action to examin	Terminate U ation was	-	date time	e and	initia	ls was	prese	nt at	fter a		
18. Terminat	A. Date 11/	Da Yr 13/2006 B. Time	e (24 Hr. Clock)	1055	5			,			
	tomated System Data										
19. Type of I		20. Event Number	411183	9	21. Primar	y or Mill	<u> </u>				

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

23. AR Number

23703

Mino	Citati	on/Orde	
wine	CHAIL	onw mae	ł

19. Type of Inspection

(activity code) 22. Signature

20. Event Number

E01



wine Citatio	on/Order		4/30	107		ety and Heal	₋abor th Administratio	on	(C.C.	
Section IViolati	on Data		THE ALTERNATION OF THE PARTY OF						The second second	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANS
1. Date	Mo Da Yr 11/13/2006	2. Time (24 Hr.	Clock) 100			,	3. Citation/ Order Numbe	r 725848	30	200
4. Served To					5. Operator			<u>,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
BENNIE P	RESTLY				PERFO	RMANCE CO	DAL COMPAN	ΙΥ	·	
6. Mine UPPER BIO	G BRANCH M	IINE-SOUTH			7. Mine ID	46-0843	36		(Cont	ractor)
8. Condition or				_				8a. Written i	Votice (103	g) 🔲
The activat		parking ately by					on mmu 009 device.	section	ı did	not
			•		_		See Continua	tion Form (MSHA	Form 7000	-3a) []
9. Violation	A. Health ☐ Safety ✔ Other ☐	B. Section of Act			C. Part/Section of Title 30 CFR	of	75.523-3(1	o)(1)		
Section II-Inspe	ector's Evaluation									
10. Gravity: A. Injury or	Iliness (has) (is):	No Likelihood]] i	Jnlikely [Reasonab	iy Likely 🔽	Highly Likely	Occurr	ed 🗌	
	Illness could rea- be expected to be:	No Lost We	orkdays 🗌	Lost '	Workdays Or Res	tricted Duty 🔽	Permanently D	isabling [Fatal	
C. Signific	ant and Substantial	: Yes ☑	No [D. Number of Per	sons Affected:	001	
11. Negligeno	e (check one)	A. None	B. Low	' 🗆	C. Moderate 🗸	D. High	☐ E. R	eckless Disrega	id 🔲	
12. Type of Ad	ction 104	(a)		13. Type of	issuance (check	one) (Citation 🗹 O	rder 🗌	Safegi	uard 🗌
14. Initial Action		C. Safeguard	D. Writ	ten Notice [E. Citation/ Order No			F. Dated	Mo Da	ı Yr
15. Area or Ed	quipment								**************************************	
						•				
16. Termination	on Due A. Date	Mo Da Yr 11/13/2006	B. Time	e (24 Hr. Clo	ck) 200	0		1400		
Section III-Ten	· · · · · · · · · · · · · · · · · · ·									
17. Action to	Terminate			,						
18. Terminate	d A. Date Mo	Da Yr B. T	ime (24 Hr.	Clock)	3					, ,
Section IV. Aud	omated System Data	<u></u>								······

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Falmess Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may cell 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

4111839

21. Primary or Mill

23, AR Number

23703

Mine Citation/Order Continuation

U.S. Department of Labor Mine Safety and Health Administration

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Section ISubsequent Ac	tion/Continuation Data							and the second second	monate controls
1. Subsequent Action	1a. Continuation	Dated (Original Issue)	Мо 11/1:	Da 3/200	٠,,	3. Citation/ Order Number / 2つる4	10 - 08		
4, Served To					5. Operato	of .	······································		-
Dempsey Pettry					PERFO	RMANCE COAL CON	APANY		
6. Mine					7. Mine ID	16.00106	25. 0. 0. 45. 0.0. 45. 0.0.0 in _ sample _ online _ online _ online	(Contractor)	
UPPER BIG BRANCH MINE-SOUTH						46-08436			
Section II-Justification for	or Action								

The Parking brake was repaired. It now activates immediately upon deenergizing the machine.

										See Continuation For	n 🗌
	quent Action Take	en	Oraș ben (1904)								
8. Extended To	A. Date Mo	Da	Yr	B. Time (24	Hr. Clock)		☐ C. Va	acated	✓ D. Terminated	E. Modified	190-5
Section (V-Inspe	ction Data						,				
9. Type of Inspe	ection E01		10. E	vent Number	4111839				•	•	
11. Sig					AR Number	12. Date		Yr	13. Time (24 Hr. Cl	ock)	
winds-anathoreus plant-to-0					23703		11/15/	2006	0915		
MCMA											

Mine	Cito	tion	Orde
IVIIIIA	UITA	1136)[[/	Oraei



11/13/2006 1230 Order Number / 238481	Mine Citati	on/Order		4	30/5	1			nt of Lab d Health A	or Administration	า	11.14.0
4. Served To BENNIE PRESTLY BENNIE PRESTLY PERFORMANCE COAL COMPANY 7. Mine ID 46-08436 Contractor) 8. Written Notice (1939)	Section IViolat	ion Data		The state of the s	and the second second	TOTAL STATE OF THE		and the second second second		The second secon	and the second s	A STATE OF THE PROPERTY OF THE
S. Operator S. Operator S. Operator PERFORMANCE COAL COMPANY	1. Date								3		725848	1
### 17. Mine ID 46-08436 Coordination The pre-shift examiner did not conduct a adequate pre-shift examination on many 0.09 section, water that was found in the no. 4,5, and 6 entry, one and half breaks outby the face that measured 1 inch to 29 inches, was not reported. ### Section A. Health B. Section of Title 20 CFR 75.360(a)(1) ### Section A. Health B. Section of Act C. Part/Section of Title 20 CFR 75.360(a)(1) ### Section A. Health B. Section of Act C. Part/Section of Title 20 CFR 75.360(a)(1) ### Section A. Health B. Section No Likelihood Unlikely Reasonably Likely Highly Likely Occurred B. Injury or lineses could reasonably the appetend to be: ### No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabiling Fatal ### C. Significant and Substantial: ### Yes No D. Norderste D. High E. Recitese Disregard ### 11. Negligence (check one) A. None B. Low C. Noderste D. High E. Recitese Disregard ### 11. Type of Action B. Order C. Safeguard D. Written Notice E. Citation Order Number F. Dated Mo Da Yr ### 15. Area or Equipment A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1400 ### 13. Termination Action A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300 ### 13. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300 ### 13. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300 ### 13. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300 ### 13. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300 ### 13. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300 ### 13. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300 ### 13. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300 ### 13. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300 ### 13. Terminated A. Date	4. Served To				· · · · · · · · · · · · · · · · · · ·				OF COAL	- COL (D.L.) N	7	
Continuation of Presented Continuation or Presented Sea Written Notice (103g) Continuation or Presented Sea Written Notice (103g) The pre-shift examiner did not conduct a adequate pre-shift examination on minum 0.9 section, water that was found in the no. 4,5, and 6 entry, one and half breaks outby the face that measured 1 inch to 29 inches, was not reported. Sea Continuation Form (MSHA Form 7000-3a) Sea Continuation Form (MSHA Form 7000-3a) Seation Inimposed of Examination of Act Title 30 CFR 75.360(a)(1) Seation Inimposed of Examination Safety Sea Continuation Safety Sea Continuation Safety Sea Continuation Form (MSHA Form 7000-3a) Seation Inimposed of Examination Safety Safety Sea Continuation Form (MSHA Form 7000-3a) Seation Inimposed of Examination Safety S		RESILY						~	CE CUAI	J COMPAN	Ý.	
Specification or Precision Saw Writen Notice (1035) The pre-shift examiner did not conduct a adequate pre-shift examination on manu 009 section, water that was found in the no. 4,5, and 6 entry, one and half breaks outby the face that measured 1 inch to 29 inches, was not reported. Section Inches Safety Other Safety Other Tille 30 CFR 75,360(a)(1)		C DD AN	CU M	NE COUTU			7. Mine ID	46.	-08436			(Contractor)
The pre-shift examiner did not conduct a adequate pre-shift examination on mmu 009 section, water that was found in the no. 4,5, and 6 entry, one and half breaks outby the face that measured 1 inch to 29 inches, was not reported. Section A Health			CH IVI	II4E-2001U		· · · · · · · · · · · · · · · · · · ·					Ra Mritten N	
Section in Interpolator's Evaluation 10. Gravity: 10. Signify or illness could responsibility of Restricted Duty Department of Persons Affected: 20. Significant and Substantial: 20. Significant and Substantial: 21. Type of Action 22. Significant and Substantial: 23. Signify or Illness Could responsibility 24. Significant and Substantial: 25. Significant and Substantial: 26. Significant and Substantial: 27. Significant and Substantial: 28. Significant and Substantial: 29. None B. Lovy C. Moderate D. High E. Reckless Disregard 20. Type of Action 104(a) 13. Type of Issuance (check one) C. Ration D. Number of Persons Affected: 27. Action B. Order C. Safeguard D. Written Notice E. Citation Order Number F. Dated Mo Da Yr 38. Termination Due A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1400 39. Violation Value			shif.	- ovamino	or did	not a	onduct a	2000	mato r	ro-chifi		
9. Violation A. Health Safety Other	mmu 009	sect:	lon,	water th	at was	s found	d in the	no.	4,5, a	and 6 ent	cry, one	e and
9. Violation A. Health Safety Other												·
Section III—Inspector's Evaluation 10. Gravity: A. Injury or Illness (has) (is): B. Injury or Illness (has) (is): C. Significant and Substantial: Yes V No D. Lost Workdays Or Restricted Duty Permanently Disabling Fatal D. Number of Persons Affected: 001 11. Negligence (check one) A. None B. Low C. Moderate V D. High E. Reckless Disregard D. Written Notice E. Citation Order Number 14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation Order Number 15. Area or Equipment 16. Termination Due A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated D. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated D. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated D. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated D. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated D. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated D. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated D. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated D. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated D. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 19. Time Date Mo Da Yr 11/13/2006 B. Time Date Mo Da Yr 11/13/13/13/13/13/13/13/13/13/13/13/13/1	O Malatian	A Llocks	· F1 1	D. Contion		1	C Part/Castion	of		See Continuati	on Form (MSHA	Form 7000-3a)
10. Gravity: A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Permanently Disabling Fatal Do. Number of Persons Affected: 001 11. Negligence (check one) A. None B. Low C. Moderate Duly D. High E. Reckless Disregard 112. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard A. Citation B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1400 16. Termination Due A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300		Safety Other						OI		75.360(a)((1)	
A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Whigh Likely Permanently Disabiling Fatal Singlery or Illness could reasonably be expected to be: Sonably be expected to be: Sonably be expected to be: Sonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Whigh Permanently Disabiling Fatal Down Down All Control of Persons Affected: On 1 11. Negligence (check one) A. None B. Low C. Moderate Down Down High E. Reckless Disregard Control of Persons Affected: On 1 12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Control of Persons Affected: On 1 14. Initial Action B. Order C. Safeguard Down Down Written Notice E. Citation/Order Number F. Dated Mo Da Yr A. Citation B. Order C. Safeguard Down Down High Control of Persons Affected: On 1 16. Termination Due A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1400 Section III—Termination Action 17. Action to Terminate Adequate pre-shift examination was conducted and the hazards was reported. 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300	·	ector's Evalua	tion									
B. Injury or Illness could reasonably be expected to be: C. Significant and Substantial: Yes V No D. D. Number of Persons Affected: 001 11. Negligence (check one) A. None B. Low C. Moderate V D. High E. Reckless Disregard D. High A. Citation Order Safeguard D. Written Notice E. Citation/Order Number 14. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/Order Number 15. Area or Equipment 16. Termination Due A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 13. Time (24 Hr. Clock) 14. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 15. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 16. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 17. Action to Terminate Adequate pre-shift examination was conducted and the hazards was reported.	-	· Illness (has	s) (is):	No Likelihood	7 U	nlikely 🗌	Reasonal	bly Likely	∨ н	ighly Likely	Occurre	ed 🗌
C. Significant and Substantial: Yes V No 11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard 12. Type of Action 104(a) 13. Type of Issuance (check one) 14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr 15. Area or Equipment A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 13. Type of Issuance (check one) 14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice IE. Citation/ Order Number F. Dated Mo Da Yr 15. Area or Equipment A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 13. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 13. Type of Issuance (check one) Citation Order Number F. Dated Mo Da Yr 1400 Section III—Termination Action A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 13. Type of Issuance (check one) Citation Order Number F. Dated Mo Da Yr 1400 Section III—Termination Action A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 13. Type of Issuance (check one) Citation Order Order Number F. Dated Mo Da Yr 1400 Section III—Termination Action A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 13. Type of Issuance (check one) Citation Order Order Number F. Dated Mo Da Yr 1400 Section III—Termination Action A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 13. Type of Issuance (check one) Citation Order Number F. Dated Mo Da Yr 1400	B. Injury or	illness coul	d rea-	No Lost Wo	orkdays [Lost V		· · · · · · · · · · · · · · · · · · ·				
12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard 14. Initial Action	044,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes 🗸	No 🗌				D,	Number of Pers	ons Affected:	001
14. Initial Action B. Order C. Safeguard D. Written Notice E. Citation/Order Number 15. Area or Equipment 16. Termination Due A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1400 Section III—Termination Action 17. Action to Terminate Adequate pre-shift examination was conducted and the hazards was reported. 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300	11. Negligeno	e (check on	€)	A. None	B. Low		C. Moderate		D. High	E. Red	ckless Disregar	d 🗌
A. Citation B. Order C. Safeguard D. Written Notice Order Number 15. Area or Equipment 16. Termination Due A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1400 Section III—Termination Action 17. Action to Terminate Adequate pre-shift examination was conducted and the hazards was reported. 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300	12. Type of A	ction	104(a)		13. Type of	lssuance (check	one)	Citat	ion 🗸 Ord	der 🗌	Safeguard
16. Termination Due A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1400 Section III—Termination Action 17. Action to Terminate Adequate pre-shift examination was conducted and the hazards was reported. 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300			der 🗍	C. Safeguard	D. Writt	en Notice	1				F. Dated	Mo Da Yr
Section III—Termination Action 17. Action to Terminate Adequate pre-shift examination was conducted and the hazards was reported. 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300	15. Area or E	quipment										
17. Action to Terminate Adequate pre-shift examination was conducted and the hazards was reported. 18. Terminated A. Date MoDa Yr 11/13/2006 B. Time (24 Hr. Clock) 1300	16. Termination	on Dué	A. Date		B. Time	(24 Hr. Cloc	ck) 140)0			<u>,, </u>	
was reported. 18. Terminated A. Date Mo Da Yr 11/13/2006 B. Time (24 Hr. Clock) 1300	Section III-Ten	mination Acti	on									
A. Date 11/13/2006 B. Time (24 Hr. Clock) 1300		_		dequate j	ore-sh	ift ex	aminatio	n was	s condi	icted and	d the ha	ızards
Section 19Multimated System Data		A. Date	11/	197	ime (24 Hr.	Clock)	1300					
19. Type of Inspection (activity code) E01 20. Event Number 4111839 21. Primary or Mill	19. Type of In	spection		20. Event Num	ber	1111220	21.	Primary o	r Mill		,	

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

23. AR Number

23703

E01

(activity code) 22. Signature

Mine Citation/Order Continuation

U.S. Department of Labor

Mine Safety and Health Administration

Section I Subsequent		Data							
1.Subsequent Action	a.Continuation	2. Dated (Original Issu	e) Mo Da	0	itation/ rder umber	7 2	5 8	4 8 1 -	
4. Served To By Ce	rtified Mail		5. Operator	10101 11	dilibot		<u> </u>		
Greg Fernett	(diloa iylali			erforman	ce Coal	Com	any		
6. Mine			7. Mine ID				Τĺ		······································
Upper Big Brar	nch - South		4	16 - 08	436	-		(contra	ctor)_
Section II Justification	n for Action								
									
								····	
I loop further reside	w at conference, this	oitotion is modifi	ad an fallows					<u> </u>	
Opon turtner revie	w at conference, uns	citation is modifi	ed as jollows			·			
Item 10 A is modif	ied to Unlikely	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u>					
Item 10 C is modif								······································	<u> </u>
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The accumulated	water was in the face	entries.							
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			Percentage Addition of the Control o		See	Contin	uatio	n Form	
Section III Subseque	nt Action Taken				· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
8.Extended To A.Date	Mo Da Yr	e(24HrClock)	C. Va	cated	D.Term	inated		E.Modif	ied X
Cooling IV	Dota	<u> </u>	<u> </u>			······································			
Section IV Inspection		mbor I II							
9.Type of Inspection	T 0 2	mber 983							
	3755.1	AR Nun				.Time	24 H	r.Clock)	
		207	30	0307	07		·		1 1 4 5

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(1.10	

F. Dated

23. AR Number

23703

Mo Da Yr

Mine Citation/Order	4 30 07	annoneconstant (1888), con especial palarella (1888), con especial palarella (1888), con especial palarella (18	U.S. Departi Mine Safety		ibor Administration	pl ()	, 16.01 (M)
Section IViolation Data				, .			
1. Date Mo Da Yr 11/15/2006	2. Time (24 Hr. Clock) 0801				3. Citation/ Order Number	7258482	2
4. Served To			5. Operator				
Dempsey Pettry			PERFORM.	ANCE CO.	AL COMPANY	•	
6. Mine		3,000	7. Mine ID	16-08436	5		injulies - 1, - 1, - 1, - 1, - 1, - 1, - 1, - 1
UPPER BIG BRANCH M	INE-SOUTH		10-00-50	,	·····	(Contractor)	
8. Condition or Practice			· · · · · · · · · · · · · · · · · · ·		 	8a. Written No	
The operator is:				er pro	gram. The	last ti	me the
day shift had be	en searched was	11/04/	/2006.		•		
					•		
	•						
				_	See Continuation	n Form (MSHA F	orm 7000-3a)
9. Violation A. Health	B. Section	C.	. Part/Section of				
Safety ✓	of Act		Title 30 CFR		75.1702-1		,
Other					<u> </u>		·
Section IIInspector's Evaluation							
10. Gravity:	A4. A41497 1 🗔 135-19		D 5.5 . 1.9		20.11.10.5.	_	. —
A. Injury or Illness (has) (is):	No Likelihood Unli	kely 🗸	Reasonably Lik	cely	Highly Likely	Occurre	<u> </u>
 B. Injury or illness could reasonably be expected to be: 	No Lost Workdays 🗹	Lost Wo	rkdays Or Restricte	d Duty 🗌	Permanently Dis	abling 🗌	Fatal
C, Significant and Substantial:	Yes ☐ No 🗸				D. Number of Perso	ons Affected:	001
11. Negligence (check one)	A. None B. Low] c.	Moderate 🔽	D. High	E. Rec	kless Disregard	
12. Type of Action 104	(a) · 13	. Type of Iss	uánce (check one)	Ci	tation 🗸 Ord	er 🗌	Safeguard

16. Termination Due	A. Date	Mo Da Yr 11/15/2006	B. Time (24 Hr. Clock)	1500		
Section IIITermination Act	on					
17 Action to Torminato	-					

D. Written Notice

E. Citation/

Order Number

22. Signature

15. Area or Equipment

A. Citation B. Order

14. Initial Action

104(a)

C. Safeguard |

Mo Da Yr 18. Terminated A. Date B. Time (24 Hr. Clock) Section IV--Automated System Data 20. Event Number 21. Primary or Mill 19. Type of Inspection 4111839 E01 (activity code)

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration In accordance with the provisions of the Small Business Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsible activities and the small Business Administration, office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman at mediation to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order Continuation

U.S. Department of Labor Mine Safety and Health Administration

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Section I-Subsequent Ac	tion/Continuation Data								
1. Subsequent Action	1a, Continuation	2. Dated (Original Issue)	Мо 11/1:	Da 5/20	• • •	3. Citation/ Order Number	7258482 - 01		
4. Served To					5. Operat	or			-
Dempsey Pettry					PERFO	RMANCE CO	AL COMPANY		
6. Mine					7. Mine it	16.0043	<u></u>	(Contractor)	
UPPER BIG BRA	<u> ANCH MINE-SO</u>	UTH				46-0843	b	· · · · · · · · · · · · · · · · · · ·	
Section IIJustification for	r Action								

The operator conducted a smoke search and a record was provided.

Section IIISubse	quent Action Take							See Continuation Form
8. Extended To		Da	Yr	B. Time (24 Hr. Clock)		C. Vacated	✓ D. Terminated	E. Modified
Section IVInsper 9. Type of Insper			10. E	vent Number 4111839				
11. S				AR Number 23703	12. Date	Mo Da Yr 11/28/2006	13. Time (24 Hr. Clo 0823	ock)

Mina	Citation	/Order
wille	Citation	I/Oluel



℠

1/30/2006 0130 01	Mine Citati	on/Order	1/4/07	2867		tment of Labo and Health Ad		ίι.*	
130/2006 0130 013	Section I-Violat								
PAUL THOMPSON 6. Mine 7. Mine ID 7. Mine ID 46-08436 (Contractor) 8. Condition of Practices Loose coal and float coal dust measuring linch to 8 inches is present under the no. 8 belt conveyor beginning at the belt head and to the tail piece, also float coal dust has accumulate in the belt entry and in the cross cuts. See Confiduation Form (MSNA Form 7000-3a) 9. Violation 9. Violation 10. Greatly 10. Greatly 10. Importor to Related 10. Greatly 10. Frently 10. Number of Persons Affected: 001 11. Negligence (check one) 12. Type of Action 10. Greatly 14. Instal Action 16. Area or Equipment 16. Area or Equipment 17. Action to Terrorinate 18. Time (24 Hr. Clock) 19. Type of Installed 10. Terminated 10. Departs 10. Terminated 10. Terminated 10. Departs 10. Terminated 10. Departs 10. Terminated 10	1. Date							7258485	
S. Mine D. 46-08436 Contractor Sa. Winten Notice (1630) D. Condition of Practice Sa. Winten Notice (1630) D. Condition of Practice Sa. Winten Notice (1630) D. Conse coal and float coal dust measuring linch to 8 inches is present under the no. 8 belt conveyor beginning at the belt head and to the tail piece, also float coal dust has accumulate in the belt entry and in the cross cuts. See Continuation Form (MSHA Form 7000-3a) D. Safety	4. Served To	OMDSONI			1 ,	ANCE COAL	COMPANY		
Confractory Contractory		OMESON					COMITAIN		The state of the s
See Configuration or Precision See Continuation		G BR ANCH N	MNF-SOUTH		7. Willie 1D	46-08436			(Contractor)
Loose coal and float coal dust measuring linch to 8 inches is present under the no. 8 belt conveyor beginning at the belt head and to the tail piece, also float coal dust has accumulate in the belt entry and in the cross cuts. See Continuation Form (MSHA Form 7000-3a)			III/I/JOUITI				Assemble to the second	8a. Written Noti	
Section Lapsedorf Evaluation B. Section			d float co	al dust me	easuring li	nch to 8			
9. Violation A. Health Safety Other C. Part/Section of Title 30 CFR 75.400 Soction II-Inspector's Evaluation 10. Gravity:									
Cither Section Interpreted Interpretada Interp	9. Violation							1 Form (MSHA Fo	rm 7000-3a) 🔲
10. Gravity: A. Injury or Iliness (has) (is): No Likelihood	V	Other	OI ACI		Title 30 CFR		73.400		***************************************
A. Injury or Illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred Reasonably Description or Illness could reasonably be expected to be: C. Significant and Substantial: Yes No V. Lost Workdays Or Restricted Duty Permanently Disabling Fatal D. Number of Persons Affected: 001 11. Negligence (check one) A. None B. Low C. Moderate V. D. High E. Reckless Disregard 1. 12. Type of Action 104(a) 13. Type of Issuance (check one) Citation V. Order Safeguard 1. A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr 11/30/2006 B. Time (24 Hr. Clock) Section Ill-Termination Action 17. Action to Terminate A. Date Mo Da Yr B. Time (24 Hr. Clock) Section IV-Automated System Data 19. Type of Inspection (activity code) E01 Inspection (activ	——————————————————————————————————————	ector's Evaluation				<u> </u>			
Sonably be expected to be: C. Significant and Substantial: Yes No D. Number of Persons Affected: 001 11. Negligence (check one) A. None B. Low C. Moderate D. D. High E. Reckless Disregard C. 12. Type of Action 104(a) 13. Type of Issuance (check one) C. Safeguard D. Written Notice E. Citation D. Order Safeguard C. Safeguard C. Safeguard D. Written Notice E. Citation F. Dated Mo Da Yr A. Citation B. Order C. Safeguard D. Written Notice E. Citation D. Written Notice E. Citation Section III—Termination Due A. Date Mo Da Yr 11/30/2006 Section III—Termination Action 17. Action to Terminate A. Date Mo Da Yr B. Time (24 Hr. Clock) Section IV—Automated System Data 19. Type of Inspection (activity code) E. Primary or Mill C. Permary or Mi	•	r Illness (has) (is):	No Likelihood	Unlikely 🗸	Reasonably L	ikely 🗌 Hig	hly Likely	Occurred	
C. Significant and Substantial: Yes No V D. Number of Persons Affected: 001 11. Negligence (check one) A. None B. Low C. Moderate V D. High E. Reckless Disregard 1 12. Type of Action 104(a) 13. Type of Issuance (check one) Citation V Order Safeguard 1 14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number 15. Area or Equipment 16. Termination Due A. Date Mo Da Yr 11/30/2006 B. Time (24 Hr. Clock) 1200 Section III-Termination Action 17. Action to Terminate 18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock) Section IV-Automated System Data 19. Type of Inspection (activity code) E01 20. Event Number 4111839	B. Injury o	r illness could rea-	No Lost Work	davs ✔ Lost	Workdays Or Restrict	ed Duty 🗍 📗	Permanently Disa	ablina 🗍	Fatal
11. Negligence (chack one) A. None B. Low C. Moderate D. High E. Reckless Disregard 12. Type of Action 104(a) 13. Type of Issuance (check one) Citation Order Safeguard 14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr 15. Area or Equipment 16. Termination Due A. Date Mo Da Yr 11/30/2006 B. Time (24 Hr. Clock) 1200 Section IIITermination Action 17. Action to Terminate A. Date Mo Da Yr B. Time (24 Hr. Clock) Section IVAutomated System Data 19. Type of Inspection (activity code) E01 C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr B. Time (24 Hr. Clock) 1200 Section IVAutomated System Data			1.						
14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr Order Number 16. Termination Due A. Date Mo Da Yr 11/30/2006 B. Time (24 Hr. Clock) Section IIITermination Action 17. Action to Terminate 18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock) Section IVAutomated System Data 19. Type of Inspection (activity code) E01 20. Event Number 4111839 21. Primary or Mill Catalon/ Catalon/ Catalon/ Order Number F. Dated Mo Da Yr And Da Yr And Date Mo Da Yr And Date And D	11. Negligeno	ce (check one)			C. Moderate	D. High 🗌	E. Reck	dess Disregard	
A. Citation B. Order C. Safeguard D. Written Notice Order Number 16. Area or Equipment 16. Termination Due A. Date Mo Da Yr 11/30/2006 B. Time (24 Hr. Clock) 1200 Section IIITermination Action 17. Action to Terminate 18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock) Section IVAutomated System Data 19. Type of Inspection (activity code) E01 20. Event Number 4111839	12. Type of A	ction 104	(a)	13. Type of	f Issuance (check one)	Citatio	n 🗸 Orde	er 🗌	Safeguard
16. Termination Due A. Date Mo Da Yr 11/30/2006 Section III-Termination Action 17. Action to Terminate 18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock) Section IVAutomated System Data 19. Type of Inspection (activity code) E01 20. Event Number 4111839			C. Safeguard	D. Written Notice		er		F. Dated	Mo Da Yr
A. Date 11/30/2006 B. Time (24 Hr. Clock) 1200 Section IIITermination Action 17. Action to Terminate 18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock) Section IVAutomated System Data 19. Type of Inspection (activity code) E01 20. Event Number 4111839	15. Area or E	quipment							
17. Action to Terminate 18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock) Section IVAutomated System Data 19. Type of Inspection (activity code) E01 20. Event Number 4111839 20. Event Number 4111839	16. Terminati	on Due A. Dat		B. Time (24 Hr. Clo	ock) 1200				
18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock) Section IVAutomated System Data 19. Type of Inspection (activity code) E01 20. Event Number 4111839	Section IIITer	mination Action		<u> </u>					
A. Date B. Time (24 Hr. Clock) Section IVAutomated System Data 19. Type of Inspection (activity code) E01 20. Event Number 4111839 21. Primary or Mill	17. Action to	Terminate							
19. Type of Inspection (activity code) E01 20. Event Number 4111839 21. Primary or Mill	18. Terminate	ed A. Date	o Da Yr B. Tim	e (24 Hr. Clock)		· · · · · · · · · · · · · · · · · · ·		······································	
19. Type of Inspection (activity code) E01 20. Event Number 4111839 21. Primary or Mill	Section IVAu	I tomated System Date	3						
23 AB Number	19. Type of I	nspection	20. Event Numbs	r 411183	9 21. Prin	nary or Mill	April 1990		
			<u>. </u>			depty	23. AR Numbe	er 2370	3

MSHA Form 7000-3, war of (revised) — in accordance min. the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

Mine Citation/Order Continuation

U.S. Department of Labor Mine Safety and Health Administration

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Section ISubsequent A	ction/Continuation Data							
1. Subsequent Actio		2. Dated (Original Issue)	Mo 11/:	Da 30/20	• • •	3. Citation/ Order Number	7258485 - 01	
4. Served To					5. Operat			
wendell wills					PERFO	RMANCE CO.	AL COMPANY	
6. Mine					7. Mine II	16.0040	_	(Contractor)
UPPER BIG BR	ANCH MINE-SO	UTH				46-0843	6	_
Section IIJustification	or Action		7,7,7,5,7,00,4		Tree Property Control	2000		

Loose coal was removed, and the area was rock dusted.

P								See Continuation Form
Section IIISubse	quent Action Take	ะก						
8. Extended To	A. Date Mo	Da	Υr	B. Time (24 Hr. Clock)		C. Vacated	✓ D. Terminated	E. Modified
Section IVInspec	ction Data							
9. Type of Inspe	ection E01		10. E	vent Number 4111839				
11. Signa				AR Number	12. Date	Mo Da Yr	13. Time (24 Hr. Clo	ock)
				23703		12/05/2006	1225	



Mine Citation/Order	U.S. Department of Labor Mine Safety and Health Administration
Section IViolation Data	
1. Date Mo Da Yr 11/30/2006 2. Time (24 Hr. Clock) 0135	3. Citation/ Order Number 7258486
4. Served To	5. Operator
PAUL THOMPSON	PERFORMANCE COAL COMPANY
6. Mine	7. Mine ID 46-08436
UPPER BIG BRANCH MINE-SOUTH	40-06430 (Contractor)
8. Condition or Practice	8a. Written Notice (103g)
at the front end of the box and extendstopping, the mine roof is broken, cr	
	• •
	See Continuation Form (MSHA Form 7000-3a)
9. Violation A. Health B. Section of Act	C. Part/Section of Title 30 CFR 75.202(a)
Section IIInspector's Evaluation	
10. Gravity:	
A. Injury or Illness (has) (is): No Likelihood Unlikely	Reasonably Likely V Highly Likely Occurred
B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Lost Workdays	orkdays Or Restricted Duty Permanently Disabling 🗹 Fatal 🗌
C. Significant and Substantial: Yes 🗸 No 🗌	D. Number of Persons Affected: 001
11. Negligence (check one) A. None B. Low C	. Moderate 🗸 D. High 🗌 E. Reckless Disregard 🗌
12. Type of Action 104(a) 13. Type of Iso	suance (check one) Citation 🗹 Order 🗌 Safeguard 🗌
14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice	E. Citation/ F. Dated Mo Da Yr Order Number
15. Area or Equipment	
16. Termination Due A. Date Mo Da Yr 11/30/2006 B. Time (24 Hr. Clock)	0800
Section IIITermination Action	
17. Action to Terminate	
18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)	
Section IVAutomated System Data	

MSHA Form 7000-3, Mar 85 (revised) In accordance with the previsions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombūdsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the uniconstant actions of MSHA, you may taking out it 666-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 and Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may be including the right to content withflow and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

4111839

19. Type of Inspection

(activity code)

22. Signature

20. Event Number

E01

21. Primary or Mill

23, AR Number

23703

Mine Citation/Order Continuation

U.S. Department of Labor Mine Safety and Health Administration

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					2101) 2114 1104111771411111111111111111	
Section ISubsequent	Action/Continuation Data					
1. Subsequent Acti ✓	on 1a. Continuation	2. Dated (Original Issue)	Mo Da 11/30/2	Үг 006	3. Citation/ Order Number 7258486 -	01
4. Served To				5. Opera	tor	
wendell wills				PERFO	RMANCE COAL COMPAN	Υ
6. Mine				7. Mine i	D 46.00406	(Contractor)
UPPER BIG BI	RANCH MINE-SO	UT <u>H</u>			46-08436	
Section IIJustification	n for Action					

Timbers and header was installed in the area of the power center.

			See Continuation Form
Section IIISubsequent Action Taken			
8. Extended To A. Date Mo Da	Yr B. Time (24 Hr. Clock)	☐ C. Vacated 🗹 D. Termina	ted
Section IVInspection Data			
9. Type of Inspection $ { m E01}$	10. Event Number 4111839	,	
11. Signatu	AR Number 23703	12, Date Mo Da Yr 13. Time (24 F	fr. Clock) 230
MSHA Form 7000-3a, Mar 85 (revised)			

Plan Review

MSHA Office 0401 - Mt. Hope, WV			2. Mine ID 46-08436
Mine Name		4. Company Name	
PPER BIG BRANCH MINE-SOUTH	-1	PERFORMANCE COAL COM	PANY
of Control			,
of Control Adequate Deficiencies in Plan (Brief	fly Docaribo)		
-		observed the area on the north we	ot mains is show some
reas were the roof is breaking and	crackiing, citations has	observed, the area on the north we s been issued in this areas.	st mains is snow some
	U.		
	•		
•			
/entilation			
Adequate Deficiencies in Plan (Brie	fly Describe)		
The ventilation plan appears to ad		respirable dust from the working s	ection and the mine.
солинали разли дер соли се			
		•	
		t .	
	12-96-6	Cusanias Cinatus	,
hispector digitature	Date	Supervisor Signature Ruy T Saua de	Date ,
		Kuy I Saw de	12.28.01

UNITED STATES DEPARTMENT OF LABOR MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH

Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436

Date(s) Collected: 10/03/2006

Inspector: Office: 401

=======		=======	=======	=======		:========	
BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N8361	LOB - 030 MMU	0.040	20.61	0.000	0.000	22990	0

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

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UNITED STATES DEPARTMENT OF LABOR MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436

Date(s) Collected: 10/04/2006

Inspector: Office: 401

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	ETHANE	CUBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N8370	#2 TRACK PORTAL - NORTH SIDE	0.050	20.67	0.000	0.000	12654	0
N8382	#3 PORTAL - SOUTH SIDE	0.040	20.69	0.000	0.000	5625	0
N8371	#1 PORTAL - NORTH SIDE	0.050	20.66	0.000	0.000	5365	0
N8392	#1 PORTAL - SOUTH SIDE	0.040	20.70	0.000	0.000	4311	0
N8362	#2 PORTAL TRACK - SOUTH SIDE	0.040	20.70	0.000	0.000	8652	0
N8372	#3 PORTAL TRACK - NORTH SIDE	0.050	20.70	0.000	0.000	20900	0

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

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UNITED STATES DEPARTMENT OF LABOR MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH

Mine ID: 4608436

Date(s) Collected: 10/16/2006

Office: 401

Company: PERFORMANCE COAL COMPANY

Inspector:

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	· · · · · · · · · · · · · · · · · · ·		<i>i</i>		C	UBIC FEET	CUBIC FEET
BOTTLE		CARBON				AIR PER	METHANE IN
NUMBER	LOCATION IN MINE	DIOXIDE	OXYGEN	METHANE	ETHANE	MINUTE	24 HOURS
N7377	NO. 5 DRIFT - NORTH PORTAL	0.060	20.22	0.010	0.000	43197	6220

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UNITED STATES DEPARTMENT OF LABOR MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH

Mine ID: 4608436

Date(s) Collected: 10/18/2006 Office: 401

Inspector: Company: PERFORMANCE COAL COMPANY

BOTTLE NUMBER	LOCATION IN MINE	CARBON DIOXIDE	oxygen	METHANE	ETHANE	UBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS	
N6030	NO. 2 DRIFT - EAST PORTAL - ** NO SAMPLE IN VIAL **	-0-	-0-	-0-	-0-	6720	-0-	
N7368	NO. 1 DRIFT - EAST PORTAL	0.060	20.70	0.000	0.000	19520	0	
N7356	NO. 3 DRIFT - EAST PORTAL	0.070	20.70	0.010	0.000	704	101	

UNITED STATES DEPARTMENT OF LABOR MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH

Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436

Date(s) Collected: 11/15/2006

Inspector: Office: 401

			========	======	= ======	=======	:=====================================	=======================================
BOTTLE NUMBER	LOCATION	IN MINE	CARBON DIOXIDE	OXYGEN	METHANE	C ETHANE	UBIC FEET AIR PER MINUTE	CUBIC FEET METHANE IN 24 HOURS
N7365	I.O.B. ~ 009		0.070	20 83	0.080	0 000	35815	41259

THE PERCENTAGE OF NITROGEN CAN BE DETERMINED BY SUBTRACTING THE SUM OF THE REPORTED VALUES FROM 100.00

pr.30.00

UNITED STATES DEPARTMENT OF LABOR MSHA LABORATORIES - MOUNT HOPE, WEST VIRGINIA ANALYSIS OF AIR SAMPLES

Mine: UPPER BIG BRANCH MINE SOUTH Company: PERFORMANCE COAL COMPANY

Mine ID: 4608436

Date(s) Collected: 11/28/2006

Inspector: Office: 401

CUBIC FEET CUBIC FEET BOTTLE CARBON AIR PER METHANE IN LOCATION IN MINE NUMBER DIOXIDE OXYGEN METHANE ETHANE MINUTE 24 HOURS N8377 JARRELL BRANCH FAN 0.320 20.38 0.060 0.000 468825 405065

MSHA Form 7000-101, Juge 93 (revised)

MON 46-08436

MAY DAILY COVER SHEET ES Date 12-04-06 Event No. 4/118-39 ords Books Checked BE Shift on Shift Belts, MINE MAP. nied By: Company Representative Wastell Miners Representative Rogen Cantley 2/2/ AREAS OF INSPECTION ACTIVITY: RESPIRABLE DUST PUMPS MMU 030-0 / 930-0 M 18,1 Page No. enrisor's D&I Inspector's Initials *U.S. Government Printing Office: 1997 - 508-470 *U.S. Government Printing Office: 1997 - 508-470 Supervisor's Initials and Date U.S. Government Printing Office: 1997 - 508-470 MSHA Form 7000-10J, June 93 (revised) RESPIRABLE DUST CODE

Inspector's Initial

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Page No.

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	MSHA Fore 7000-10J, June 98 (revised)	MSHA Form 7000-10J, June 93 (revised)
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MSHA Form 7000-101, June 93 (revised) MON 46-08436	7	# 3 Face of Miner
MON 46-08436 MAY DAILY COVER SHEET 50/	1 730	
Date/2-04-06 Event No. 4/1/1839	235	
	30550 CFM	1 1 2 2 5
Arrived at the Mine Departed from the Mine		15750
List Records Books Checked RE-Shiff ou Shiff	#1 FACE At MINER	
BEHS, MINE MAP.	1 2	
	V=410	#4 To #5 LOB
Accompanied By: Company Representative Leaster	9010	A = 133
wills		15145
Minors Representative Reger Carthy		19285 CFM
Minors Roprosontativo Age Grand	1 FACE AT BOTTER	
	A=21	
AREAS OF INSPECTION ACTIVITY:	V=215	AL FACE AT MINER
Respirable Dust Pumps MMU 030.0 930.0	5565	A=124
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MMU 030.0 / 930.0		9310
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Inspector's Ini	*U.S. Government Printing Office; 1997 - 508-470	*U.S. Government Printing Office: 1997 - 508-470
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**0401-0002
REPORT NO: MSD014
MINE ID NUMBER
46-08436
ENTITY ID 030-0

RESPIRABLE DUST SAMPLING INSPECTION RESULTS

DECEMBER 7, 2006

FO Super

MINE NAME - UPPER BIG BRANCH MINE-SOUTH

COMPANY NAME - PERFORMANCE COAL COMPANY

SAMPLING DATE 12-04-2006

* AVG. PROD. (FOR LAST 30 PROD. SHIFTS)

* SURVEY CONDUCTED BY Stear, !/

PRODUCTION THIS SHIFT SHIFT: 06

TYPE OF SAMPLE	OCCUPATION CODE	CASSETTE	TIME	DUST CONC	INITIAL WEIGHT	FINAL WEIGHT	CF WGT	CF VOID	DUST STANDRD	•	CODE	CITATION NO
2 2 2 2	046 050 050 054	57683553 57683534 57683571 57683561	480 480 480 480	0.434 0.448 0.445 0.447	489.506 490.011 491.375 489.942		- 0.006 - 0.006 - 0.006		1.70 1.70 1.70 1.70			

NS 2.06

**0401-0003 REPORT NO: MSD014 RESPIRABLE DUST SAMPLING INSPECTION RESULTS DECEMBER 7, 2006 MINE ID NUMBER 46-08436 MINE NAME - UPPER BIG BRANCH MINE-SOUTH COMPANY NAME - PERFORMANCE COAL COMPANY ENTITY ID 030-0 SAMPLING DATE 12-04-2006 * AVG. PROD. (FOR LAST 30 PROD. SHIFTS) PRODUCTION THIS SHIFT SHIFT: 07 * SURVEY CONDUCTED BY 875 TYPE OF OCCUPATION INITIAL DUST FINAL CF CF DUST VOID CITATION SAMPLE CODE CASSETTE TIME CONC WEIGHT WEIGHT WGT VOID STANDRD CODE NO í 036 57683535 480 1.372 489.541 490.490 - 0.006 1.70

12.1206

**0401-0004. REPORT NO: MSD014

RESPIRABLE DUST SAMPLING INSPECTION RESULTS

DECEMBER 7, 2006

MINE ID NUMBER

46~08436

MINE NAME - UPPER BIG BRANCH MINE-SOUTH

COMPANY NAME - PERFORMANCE COAL COMPANY

ENTITY ID 930-0

SAMPLING DATE 12-04-2006

* * AVG. PROD. (FOR LAST 30 PROD. SHIFTS) _____ * *

PRODUCTION THIS SHIFT

875

SHIFT: 06

* SURVEY CONDUCTED BY _____

TYPE OF SAMPLE	OCCUPATION CODE	CASSETTE	TIME	DUST CONC	INITIAL WEIGHT	FINAL WEIGHT	CF WGT	CF VOID	DUST STANDRD	VOID CODE	CITATION NO
3	000	57683566	480	0.550	490.815	491.192	- 0.00	6	0.90		

Mine Safety and Health Administration

Coal Inspection Tracking Report



Mine ID: 46-08436

Company Name: PERFORMANCE COAL COMPANY

Mine Name: UPPER BIG BRANCH MINE-SOUTH

Activity Code: E01

Event Number: 4111839

Mining Height (inches): 58

Number Employees: 195

Number Production Shifts: 2

Number Maintenance Shifts: 1

The undersigned certify by signature that they have completed the minimum requirements as defined by the inspection procedures listed within this tracking system and the Coal General Inspection Procedures Handbook. All AR's who participated in this inspection event must sign this cover sheet and initial each report page where their AR number indicates participation on this investigation or inspection activity.

AR Signature	AR #	Date
	23703	17/36/2002
	23879	12 12612006

The undersigned supervisor certifies that the documentation contained in this set of Inspection Tracking reports indicates that the minimum requirements for this event have been completed. Each report page must also be initialed to certify review.

Reviewing Supervisor Signature

/2 /28/ 06 Date

U.S. Department of Labor Mine Safety and Health Administration



Inspector(s) Initials pervisor Initials: MineID: 4608436 Event Number: 4111839 **Activity Code: E01** Coal Inspection Tracking System General Upon issuing any enforcement action, the inspector advised the operator and miners' Advised of Conference Procedures (Miner Rep) representative of procedures for requesting a safety and health conference under 30 CFR Required= No 100.6(b). The purpose of the safety and health conference is to submit any additional information relating to action taken by the inspector. Advised of Conference Procedures (Operator) Upon issuing any enforcement action, the inspector advised the operator and miners' representative of procedures for requesting a safety and health conference under 30 CFR Required= Yes 100.6(b). The purpose of the safety and health conference is to submit any additional information relating to action taken by the inspector. Date AR# Shift Complete 10/3/2006 23703 1 DEMPSEY PETTRY Check In And Out System The inspector determined the system being used at the mine complied with 30 CFR 75.1715. Required= Yes Date AR# Shift Complete 10/3/2006 23703 **V BATHHOUSE** First Day Arrival In Advance Of Starting Time The inspector arrived at the mine on the first day of the inspection in advance of starting time. Sufficient time was allowed for pre-inspection contacts, a preliminary review of record books, and Required= Yes an overview of the mine map to determine which area of the mine to begin the inspection. A physical inspection of the mine began immediately after the pre-inspection contacts were made. If a physical inspection of the mine did not begin on the first day of a regular inspection MSHA supervision or management was informed prior to the inspector leaving mine property. Date AR# Shift Complete 10/3/2006 23703 **V** 1

MineID:	4608436	Event Number: 4111839	Activity Code: E01	Inspector(s) Initials:	Supervisor Initia	als: M
	_	king System				
Gene	eral		,			·
-	ndent Coi quired= No	ntractors		All independent contractors encountered were instandards, including: observations of work practive received from workers, and inspection of equipmed page) was completed and submitted as part of the	ces, comparing training records we ent. MSHA Form 2000-208 (insp	ith information
	Conferen quired= Yes			When daily conferences were not possible, regular conducted. These conferences provided an over opportunity for the operator and miners' representations.	view of the inspection activities ar	
Date	AR#				Shift	Complete
11/13/2006	23703			·	2	✓.
	ap Reviev guired= Yes	ved (First Day For Hazards	· ·	The inspector, prior to going underground on the map for consistency with approved mining methor and gas wells, fuel transmission lines, bodies of whazard, mines located adjacent to, above and be surface mining may present to underground mines.	ods, mining in proximity to worked vater that could present an under low active workings, and any dan	l-out areas, oil ground flood
Date	AR#	•			Shift	Complete
10/3/2006	23703				1	√
	tion of In quired= No	spection (Miner Represen	tative)	On the first day of the inspection, the inspector n inspection to be conducted and scheduled a time subsequent days of the inspection, the inspector inspection and afforded them the opportunity to eact.	for a pre-inspection conference, notified the representative of the	On continuing
Date	AR#				Shift	Complete
12/4/2006	23879		ROGER CAN	JTI FY	2	V

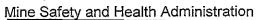
Coal Inspection Tracking System General	Number: 4111839 em	Activity Code: E01	Inspector(s) Initials:	<u> </u>	Supervisor Initia	
Notification of Inspection Required=Yes	n (Operator)		On the first day of the inspection, be conducted and scheduled a tim inspection, the inspector notified them the opportunity to exercise them.	e for a pre-inspection conferer ne representative of the contin	nce. On subsequer uing inspection an	nt days of the
Date AR #					Shift	Complete
12/4/2006 23879		WENDELL \	WILLS		2	
10/3/2006 23703		DEMPSEY F	PETTRY		1	✓
Observed Man-trips In A Required= Yes	nd Out Of Mine	20000000000000000000000000000000000000	The inspector evaluated mantrip of in and out of the mine.	perating practices for safety by	observing at leas	t one mantrip
Date AR#					Shift	Complete
12/4/2006 23879					2	
10/3/2006 23703					1	V
Post-Inspection Confere Required= Yes	nce .		The inspector scheduled and held a miners representative (where appliactions (including root causes) and Accidents at the mine and any same	cable). The conference include any observations concerning of	ed a summary of a conditions or pract	II enforcement ices.
Pre-Inspection Conference Required=Yes	ce		The inspector scheduled and held a miners representative (where appli first day of inspection and covered comparison to the national accidentaken during previous inspections.	cable). The conference was co enforcement actions, the accid	onducted on or so dent history at the	on after the mine, a
Date AR #					Shift	Complete
10/3/2006 23703			,		4	✓

MineID:	4608436	Event Number: 4111839	Activity Code: E01	Inspector(s) Initials:	Supervisor Initial	s: <u>N</u> 5
Coal Inst	pection Trac	king System				
Gene	_	•				
O 0						
	with Mine quired= Yes	Examiner - On-shift		The inspector accompanied at least one mine example the mine to detect any unsafe practices and determined to detect any unsafe practices.	niner during a required on-shift e nine that adequate examinations	xamination of were being
Date	AR#				Shift	Complete
12/4/2006	23879				2	
10/3/2006	23703				2	₽
	Nith Mine quired= Yes	Examiner - Preshift		The inspector accompanied at least one mine exam of the mine to detect any unsafe practices and dete being conducted.	niner during a required pre-shift ϵ ermine that adequate examinatio	examination ns were
Date	AR#				Shift	Complete
10/3/2006	23703				. 2	√
	Vith Mine guired= Yes	Examiner - Weekly	Account to the second s	The inspector accompanied at least one mine example the mine to detect any unsafe practices and determine to detect any unsafe practices and determine to detect any unsafe practices.		
Date	AR#				Shift	Complete
10/3/2006	23703				2	✓
Uniform Mine File Reviewed Required= Yes				The inspector reviewed the Uniform Mine File (UMF type of event and the area to be inspected dictated File Procedures Handbook.) just prior to conducting the ins the extent of the review per Uni	pection. The form Mine
Date	AR#				Shift	Complete
10/2/2006	23703				2	✓
12/4/2006	23879				2	✓

U.S. Department of Labor

last regular safety and health inspection to determine if the results of all required examinations,

including corrective actions, were recorded.





Supervisor Initials: Inspector(s) Initial MineID: 4608436 Event Number: 4111839 **Activity Code: E01** Coal Inspection Tracking System Records The inspector determined if the operator was maintaining applicable records required by 30 CFR All Required Noise Exposure Records (Reviewed) Part 62.110(e), 62.130(a), 62.171(c), 62.180(b), and 62.190. Reauired=Yes Shift Complete **Date** AR# Record For 2 11/13/2006 23703 Entire Mine The inspector determined if the operator had available a certification, by a registered engineer ATRS Certification (Available) for each ATRS system at the mine, stating that the ATRS system meets the structural capacity as Required= Yes required by 30 CFR 75.209(e)(1) and 75.209(e)(2). AR# Record For Shift Complete Date ✓ 11/13/2006 23703 Entire Mine The inspector evaluated compliance with 30 CFR 75.1710-1(e) by determining if the operator Canopies And Cabs; Self-Propelled Equipment had evidence of certification by a registered engineer for each canopy or cab system at the mine, Required=Yes stating that it met the required structural capacity. AR# Date Record For Shift Complete **V** 11/13/2006 23703 Entire Mine The operator's compliance with recording required examinations required by 30 CFR 75.1400-4 Certifications And Records Of Daily Hoist & 77.1404 was evaluated by comparing information recorded in the record book with actual Required = No conditions in the area inspected. Prior recordings were reviewed back to the ending date of the

MSHA Form 2000-212, Feb. 06

MineID: 4608436 Coal Inspection Tra		Activity Code: E01	Inspector(s) Initials:	rewed the cleanup program required by 75.400-2 and determined if it was in form. Shift Complete 2 Impliance with recording required examinations required by 30 CFR 75.312 was paring information recorded in the record book with actual conditions in the ion recordings were reviewed back to the ending date of the last regular safety tion to determine if the results of all required examinations, including corrective orded. Shift Complete 2 Impliance with recording required examinations required by 30 CFR 77.1906 comparing information recorded in the record book with actual conditions in 1. Prior recordings were reviewed back to the ending date of the last regular inspection to determine if the results of all required examinations, including were recorded. Impliance with recording examinations required by 30 CFR 77.1713 was paring information recorded in the record book with actual conditions in the ior recordings were reviewed back to the ending date of the last regular safety ion to determine if the results of all required examinations, including corrective orded. Impliance with recording Diesel Engine Performance examinations required by (5) was evaluated. Prior recordings were reviewed back to the ending date of fety and health inspection to determine if the results of all required auding corrective actions, were recorded.	
Records					
Clean Up Progra Required=Yes	nm		The inspector reviewed the cleanup program requavailable in written form.	iired by 75.400-2 and determ	nined if it was
Date AR#		Record For		Shift	Complete
10/3/2006 23703		The inspector reviewed the cleanup program required by 75.400-2 and determined if it was available in written form. Record For Entire Mine Entire Mine The operator's compliance with recording required examinations required by 30 CFR 75.312 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded. Record For Mine Office Entire Mine The operator's compliance with recording required examinations required by 30 CFR 77.1906 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded. Areas (Surface Mine) The operator's compliance with recording examinations required by 30 CFR 77.1913 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded. The operator's compliance with recording examinations required by 30 CFR 77.1713 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations required by 30 CFR 75.1914(5) was evaluated. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations required by 30 CFR 75.1914(6) was evaluated. Prior			
Daily And Month Required= Yes	nly Examination Of Ventilation	on Fans	evaluated by comparing information recorded in tarea inspected. Prior recordings were reviewed baand health inspection to determine if the results of	he record book with actual co ack to the ending date of the	onditions in the last regular safety
Date AR#		Record For		Shift	Complete
12/4/2006 23879		Mine Office		2	
10/3/2006 23703		Entire Mine		2	V
Daily Examination Required= No	on Of Hoist Shaft Sinking		was evaluated by comparing information recorded the area inspected. Prior recordings were reviewe safety and health inspection to determine if the re	I in the record book with actu d back to the ending date of	al conditions in the last regular
Daily Inspection Required=No	of Active Areas (Surface Mi	ine)	evaluated by comparing information recorded in the area inspected. Prior recordings were reviewed be and health inspection to determine if the results of	he record book with actual co ack to the ending date of the	nditions in the last regular safety
Diesel Exhaust (Required= No	Gas Records (Exceeding The	TLV)	30 CFR 75.1914(g(5) was evaluated. Prior recording the last regular safety and health inspection to detect the last regular safety and health inspection to detect the last regular safety and health inspection.	ngs were reviewed back to the termine if the results of all rec	ne ending date of
Diesel Training A	And Qualification List			ntaining records required by 3	30 CFR Part

Required= No

	The inspector reviewed and compared the emergency medical assistance agreement with the information posted at the mine, as required by 30 CFR 75.1713-1 and 77.1702. The inspector reviewed and compared the emergency medical assistance agreement with the information posted at the mine, as required by 30 CFR 75.1713-1 and 77.1702. The inspector reviewed the operators currently approved mine ventilation plan required by 75.370(a)(1) and determined if it was suitable to conditions observed in the mine during this inspection. This evaluation included information obtained from the miners and the mine operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event. The inspector reviewed the operators currently approved mine ventilation plan required by 75.370(a)(1) and determined if it was suitable to conditions observed in the mine during this inspection. This evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event. The inspector reviewed the operators currently approved roof control plan required by 75.220(a)(1) and evaluated the plan by making on site observation of the effectiveness of controls being installed. This evaluation included information obtained from the miners and the mine operator. The results of this evaluation in calcular from the miners and the mine operator. The results of this evaluation in report for this event.				
Reco	ords			—	
			interviewed the person responsible for its maintenance to electrical unit. The map accuracy was evaluated by compa	determine the location aring the electrical un	on of each
Date	AR#	Record For		Shift	Complete
10/3/2006	23703	Entire Mine		2	✓
	-	and the second s	The inspector reviewed and compared the emergency me information posted at the mine, as required by 30 CFR 75	dical assistance agree.1713-1 and 77-1702	ement with the
Date	AR#	Record For	·	Shift	Complete
10/16/200€	23703	Entire Mine		3	V
		graph (A. C.	75.370(a)(1) and determined if it was suitable to condition inspection. This evaluation included information obtained the results of this evaluation was recorded on MSHA Form	ns observed in the mi from the miners and	ine during this the mine operator.
Date	AR#	Record For		Shift	Complete
10/4/2006	23703	Entire Mine		2	V
			75.220(a)(1) and evaluated the plan by making on site ob controls being installed. This evaluation included informati- mine operator. The results of this evaluation was recorded	servation of the effection on obtained from the longstanding to MSHA Form 2000	tiveness of miners and the
Date	AR#	Record For		Shift	Complete
10/4/2006	23703	Entire Mine		2	✓
	The inspector reviewed the map of the electrical system required by 30 CRR 75.508 and interviewed the person responsible for its maintenance to determine the location of each electrical unit. The map accuracy was evaluated by comparing the electrical unit locations recorded on the map to actual locations encountered during the electrical unit locations recorded on the map to actual locations encountered during the inspection. AR # Record For Shift Complete The inspector reviewed and compared the emergency medical assistance agreement with the information posted at the milne, as required by 30 CRR 75.1713-1 and 77.1702. The inspector reviewed and compared the emergency medical assistance agreement with the information posted at the milne, as required by 30 CRR 75.1713-1 and 77.1702. The inspector reviewed the operators currently approved mine ventilation plan required by 75.370(3)(1) and determined if it was suitable to conditions observed in the mine during this inspection. This evaluation location from the miners and the mine operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event. AR # Record For Shift Complete The inspector reviewed the operators currently approved mine ventilation plan required by 75.320(3)(1) and evaluated information obtained from the miners and the mine operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with ompleted inspection report for this event. AR # Record For Shift Complete The inspector reviewed the operators currently approved roof control plan required by 75.220(3)(1) and evaluated the plan by making on site observation of the effectiveness of controls being installed. This evaluation included information obtained from the miners and the mine operator. The results of this evaluation was recorded on MSHA Form 2000-204 and submitted with completed inspection report for this event.				

MineID: 46	08436	ctivity Code: E01	Inspector(s) Initials:	VISOF IN	ntials: (A)
Record	İs				
Fire Doors Required=	· No	Acceptance of the Control of the Con	The operator's compliance with recording examinations evaluated by comparing information recorded in the recorder inspected. Prior recordings were reviewed back to and health inspection to determine if the results of all re	ord book with actual co the ending date of the	onditions in the last regular safety
Fire Suppre Required=	ssion Systems/Permanent Diesel St No	orage	The operator's compliance with recording examinations evaluated by comparing information recorded in the recorded inspected. Prior recordings were reviewed back to and health inspection to determine if the results of all re	ord book with actual co the ending date of the	onditions in the last regular safety
First-Aid Tra Required=	aining Supervisory Employees Yes		The inspector reviewed MSHA 5000-23 forms at the min provided in accordance with 30 CFR 75.1713-3. A represpolled to determine the quality of the training.	e sufficent to determir sentative number of su	ne if training was opervisors were
Date Al	₹#	Record For		Shift	Complete
11/15/2006 23	703	Entire Mine		2	✓
Hazardous (Required=	Conditions Postings And Corrections Yes		The operator's compliance with recording required examinformation recorded in the record book with actual concrecordings were reviewed back to the ending date of the to determine if the results of all required examinations, i recorded.	litions in the area insp last regular safety an	ected. Prior d health inspection
Date AF	₹#	Record For		Shift	Complete
12/4/2006 23	879	Mine Office		2	
10/10/2006 23	703	Entire Mine		2	∀
High Voltag Required=	e Longwall Equipment No		The operator's compliance with recording of examination evaluated by comparing information recorded in the recorder area inspected. Prior recordings were reviewed back to the and health inspection to determine if the results of all recordings, were recorded.	rd book with actual co he ending date of the	nditions in the last regular safety
Independen Required=	nt Contractor Register Yes	ere en	The inspector reviewed the production operator's independent of the inspector reviewed the production operator's independent of the inspector		

Coal Ins		Event Number: 4111839 king System	Activity Code: E01	Inspector(s) Initial	Supervisor Ir	nitials: $ u^{\tau} $
Reco	ords					
-	ion And To red=Yes	est Of Automatic Fire Senso	ors .	The operator's compliance with recording exami evaluated by comparing information recorded in area inspected. Prior recordings were reviewed and health inspection to determine if the results actions, were recorded.	the record book with actual or back to the ending date of the	onditions in the last regular safety
Date	AR#		Record For		Shift	Complete
10/4/2006	23703		Entire Mine		2	\checkmark
	nance Rec red= No	ord Diesel Engine Performa	nce	The operator's compliance with recording requir information recorded in the record book with acrecordings were reviewed back to the ending da to determine if the results of all required examin recorded.	tual conditions in the area insp ite of the last regular safety an	ected. Prior d health inspection
	e Monitor red= Yes	Calibration Test		The operator's compliance with recording tests r by reviewing prior records back to the ending dainspection and by polling miners.		
Date	AR#		Record For		Shift	Complete
10/4/2006	23703		Entire Mine		2	✓
	nergency l red=Yes	Evacuation and FF Program		The inspector reviewed mine evacuation drills re determine if all miners on all shifts have participal effectiveness of the program was evaluated by plantiliarity with the program.	ated at intervals of not more th	nan 90 days. The
Date	AR#		Record For		Shift	Complete
10/16/200€	23703		Entire Mine		3	V

	4608436	Event Number: 4111839	Activity Code: E01	Inspector(s) Initials	ipervisor In	nitials: L ^y
Reco	pection Track Ords	ing system				
	p (Review red= Yes	(ed)		The inspector reviewed the up-to-date mine map approved mining methods and gave special atten direction and required temporary notations to det	tion concerning ventilation co	
Date	AR#		Record For		Shift	Complete
12/4/2006	23879		Mine Office		2	
10/3/2006	23703		Entire Mine		2	✓
-	Examinat ed=Yes	ion Of Surface Electrical E	Equip	The operator's compliance with recording examinevaluated by comparing information recorded in tarea inspected. Prior recordings were reviewed by and health inspection to determine if the results cactions, were recorded.	the record book with actual co ack to the ending date of the	onditions in the last regular safety
Date	AR#		Record For		Shift	Complete
10/30/2006	23703				2	V
_	Examinat ed=Yes	ion Of Surface HV Circuits	*	The operator's compliance with recording examine evaluated by comparing information recorded in the area inspected. Prior recordings were reviewed be and health inspection to determine if the results of actions, were recorded.	he record book with actual co ack to the ending date of the	onditions in the last regular safety
Date	AR#		Record For		Shift	Complete
10/30/2006	23703		Entire Mine		2	✓
_	Examinat ed= Yes	ion Of Surface LMV Circuit		The operator's compliance with recording examina evaluated by comparing information recorded in the area inspected. Prior recordings were reviewed bath and health inspection to determine if the results of actions, were recorded.	he record book with actual co ack to the ending date of the	onditions in the last regular safety
Date	AR#		Record For		Shift	Complete

Entire Mine

10/30/2006 23703

V

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Supervisor Initials: Inspector(s) Initials MineID: 4608436 Event Number: 4111839 **Activity Code: E01** Coal Inspection Tracking System Records The operator's compliance with recording examinations required by 30 CFR 75.800-4 was Monthly Testing Of UG High Voltage CB evaluated by comparing information recorded in the record book with actual conditions in the Required=Yes area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded. Record For Shift Date AR # 10/30/2006 23703 Entire Mine The operator's compliance with examinations required by 30 CFR 75.900-4 was evaluated by Monthly Testing Of UG Low And Medium Voltage CB comparing information recorded in the record book with actual conditions in the area inspected. Required= Yes Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded. AR# Shift Record For Date 2 10/30/2006 23703 **Entire Mine** The operator's compliance with recording examinations required by 30 CFR 75.812 was Movement of HV Power Centers and Transformers evaluated by comparing information recorded in the record book with on site observations and Required = No information obtained during discussions with the miners and the mine operator. Noise Program (Reviewed) (Surface)

The inspector determined the operator was maintaining all records required by his current Hearing Conservation Program. Noise surveys were conducted in accordance with current health inspection procedures.

Noise Program (Reviewed) (Underground) Required= Yes

The inspector determined the operator was maintaining all records required by his current Hearing Conservation Program.

Date AR#

Required = No

Record For

Shift Complete

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11/15/2006 23703

Entire Mine

V

Complete

Complete

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Operator's Respirable Dust Program (Sur) Required = No

The inspector evaluated the current respirable dust control plan. An onsite evaluation was made of surface locations, miners were polled, and respirable dust samples collected pursuant to current Coal Mine Health Inspection Procedures Handbook.

Supervisor Initials: Inspector(s) Initials **Activity Code: E01** MineID: 4608436 Event Number: 4111839 Coal Inspection Tracking System Records The inspector reviewed records required by the respirable dust control portion of the mine Operator's Respirable Dust Program (UG) ventilation plan and analysis reports of operator's respirable dust samples to determine if they Required= Yes were maintained and posted as required. Shift **Record For** Date AR# 2 12/4/2006 23879 Mine Office Running Respirable Dust Pumps MMU 030-0/930-0 2 11/15/2006 23703 Entire Mine The inspector reviewed the written HazCom program, material safety data sheets, and chemical Part 47 Hazcom Records inventory. Required= Yes Shift Date AR# Record For 11/15/2006 23703 2 **Entire Mine** The inspector reviewed MSHA 5000-23 forms sufficient to determine if required training was Part 48 Training Records (5000-23 Forms) provided and discussed the contents of the training with a representative number of workers to Required= Yes evaluate the quality of the training. The inspector reviewed MSHA 5000-23 forms to determine if required training was provided and Part 49 Training Records (Mine Rescue Teams) discussed the contents of the training with mine rescue team members to evaluate the quality of Required=Yes the training. Date AR# Record For Shift

Entire Mine

Part 50 Records (7000-1 and 7000-2 Forms) Required=Yes

The inspector reviewed MSHA 7000-1 forms at the mine and compared the information with that submitted to MSHA. The forms were compared to information obtained from miners polled to determine if events were properly reported. The inspector reviewed MSHA 7000-2 forms to determine if they were maintained at the mine office nearest the mine and submitted in a timely manner.

Date	AR#	<u>-</u>	Record For	Shift	Complete
10/3/2006	23703		Entire Mine	2	✓

10/10/2006 23703

Complete

✓

Complete

Complete **V**

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	4608436 Event Number: 4111839 pection Tracking System	Activity Code: E01	Inspector(s) Ini	Supervisor Initi	ials: μ^*
	s For Modifications Granted For M red=No	une	The inspector reviewed petitions for modificate they were granted were still valid, if they were 44.5(b), and if current petitions are posted p	re posted on the mine bulletin board	
	& On-Shift Examination red=Yes		The operator's compliance with recording exa- were evaluated by comparing information rec- the area inspected. Prior recordings were rev- safety and health inspection to determine if the corrective actions, were recorded.	corded in the record book with actual iewed back to the ending date of the	al conditions in ne last regular
Date	AR#	Record For	_	Shift	Complete
10/24/2006	23703	Entire Mine		2	
12/4/2006	23879	Mine Office		2	
10/3/2006	23703	Entire Mine		2	✓
10/4/2006	23703	Entire Mine		2	√
10/10/200€	23703	Entire Mine		2	V
10/16/200€	23703	Entire Mine		. 2	•
10/18/2006	23703	Entire Mine		2	✓

Entire Mine

Entire Mine

Entire Mine

Entire Mine

Preshift & On-Shift Examination (Slope & Shafts)

Required= No

The operator's compliance with recording examinations required by 30 CFR 77.1901 was evaluated by comparing information recorded in the record book with actual conditions in the area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

10/30/2006 23703

11/6/2006 23703

11/8/2006 23703

11/29/2006 23703

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Event Number: 4111839

Activity Code: E01

Inspector(s) Initial

Coal Inspection Tracking System
Records

	. 40	······································			
	Of AMS Alarm Activation ed=Yes		The AMS signal device or alarm activation records were reviewed back to the ending d last regular safety and health inspection to evaluate compliance with 30 CFR 75.351(o		
Date	AR#	Record For	:	Shift	Complete
11/15/2006	23703	Entire Mine		2	V
Record C	Of Certified And Qualified Persons Surface ed=No	9	The inspector reviewed and compared the qualification list required b 77.106 with copies of individual training records.	y 30 CFR	75.159 and
	Of Certified And Qualified Persons UG ed=Yes		The inspector reviewed and compared the qualification list with copie records.	s of individ	dual training
Date	AR #	Record For	•	Shift	Complete
10/3/2006	23703	Entire Mine		2	✓
Record C Require	Of Inspections For Thermal Dryers ed=No		Thermal dryer control instrument records were reviewed to evaluate of 77.314.	compliance	e with 30 CFR
Recorde Require	d Measurements For Initial Rope Stretch ed=No		The inspector reviewed the record book and determined if the results measurements were recorded.	of all requ	uired
Requirea Require	Hoist Rope Tests ed=No		The operator's compliance with recording required examinations was information recorded in the record book with actual conditions in the recordings were reviewed back to the ending date of the last regular to determine if the results of all required examinations, including corresponded.	area inspe safety and	cted. Prior I health inspecti

	_	Event Number: 4111839 king System	Activity Code: E01	Inspector(s) Initials:	Supervisor Ir	aitials:
-	ble Dust (red= Yes	Control Plan (Posted)		The inspector reviewed records required by the curre reports of operator's respirable dust samples to deter required by 30 CFR 71.210(b) and 71.301(d)	ent respirable dust control mine if they were mainta	plan and analysis ined and posted as
Date	AR#		Record For		Shift	Complete
12/4/2006	23879	Ran Respirable Dust Pumps MMU 030-0/5	Mine Office		2	
12/4/2006	23879		Mine Office		2	
10/3/2006	23703	•	Entire Mine		2	V
	lt Manufa ed= Yes	cturer's Certification (Avail	lable)	The inspector determined if the operator has available stating that the roof bolts used at the mine were mar specifications of ASTM F432-95.		
Date	AR#		Record For		Shift	Complete
11/15/2006	23703		Entire Mine		2	✓
	it Torque ed= No	Measurements Recorded		The operator's compliance with recording required ex information recorded in the record book with actual c recordings were reviewed back to the ending date of to determine if the results of all required examination recorded.	onditions in the area insp the last regular safety an	ected. Prior d health inspection
Date	AR#		Record For		Shift	Complete
12/4/2006	23879		Mine Office		2	
	ntrol Plan ed= Yes	(Available)		The inspector determined if the current roof control p to the miners and representative of miners at the min	lan per per 30 CFR 75.22 e.	0(e) was available
Date	AR#		Record For		Shift	Complete
12/4/2006	23879		Mine Office		2	
11/15/2006	23703		Entire Mine		2	✓

Coal Inspection Tracking System

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

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ls:	Supervisor Initials:	NT

Records

Self-Rescue Devices (Records) Required= Yes			The inspector reviewed the records and determined if the results of all required tests were recorded per 30 CFR 75.1714-3(e). If possible, the inspector determined if the operator followed the manufacturer's test procedures.		
Date	AR #	Record For	Shift	Complete	
11/13/2006	23703	Entire Mine	. 2	✓	
Smokers Articles (Program) Required = Yes			The inspector reviewed any records required by the Smoking Program approved under 30 CFR 75.1702. The inspector compared the records with information obtained from polling the miners and observing the operator implementing the requirements of the Smoking Program.		
Date	AR#	Record For	Shift	Complete	
10/30/2006	23703	Entire Mine	2	₹	
Surface I Requir	Bathhouse Waiver (Posted) ed=No		The inspector determined if the operator posted the current surface bathho CFR 71.403(c)	use waiver per 30	
	Safety Program Instruction (Posted) ed=Yes		The inspector determined if the operator maintained a Safety Program of Ir it in conspicuous places throughout the mine pursuant to 30 CFR 77,1708.	struction and posted	
Date	AR #	Record For	Shift	Complete	
11/15/2006	23703	Entire Mine	2	V	
Test Of Hoist Safety Catches Required= No		The operator's compliance with recording examinations required by 30 CFR evaluated by comparing information recorded in the record book with actual area inspected. Prior recordings were reviewed back to the ending date of the and health inspection to determine if the results of all required examinations actions, were recorded.	l conditions in the he last regular safety		

Coal Insp	4608436 Dection Track	Event Number: 4111839 sing System	Activity Code: E01	Inspector(s) Initials:	Supervisor In	itials: K
Reco	ras					
	Fire Hydr ed=Yes	ants And Fire Hose		The operator's compliance with recording examination evaluated by comparing information recorded in the rearea inspected. Prior recordings were reviewed back to and health inspection to determine if the results of all actions, were recorded.	ecord book with actual co to the ending date of the	onditions in the last regular safety
Date	AR#		Record For	·	Shift	Complete
11/13/200€	23703		Entire Mine		2	2
_	Overcurrei ed= No	nt Protection Tests/Exami	nations	The operator's compliance with recording examination evaluated by comparing information recorded in the rearea inspected. Prior recordings were reviewed back to and health inspection to determine if the results of all actions, were recorded.	ecord book with actual co o the ending date of the	onditions in the last regular safety
	ion Plan (l ed=Yes	Posted)	encomplete and the second seco	The inspector determined if proposed and current venithe mine bulletin board as required by 30 CFR 75.370		
Date	AR#		Record For		Shift	Complete
12/4/2006	23879		Mine Office		2	
11/15/200€	23703		Entire Mine		2	✓
_	Examinati ed=Yes	on For Methane And Hazal	rds	The operator's compliance with recording examination: evaluated by comparing information recorded in the rearea inspected. Prior recordings were reviewed back to and health inspection to determine if the results of all actions, were recorded.	ecord book with actual co the ending date of the l	nditions in the last regular safety
Date	AR#		Record For		Shift	Complete
12/4/2006	23879		Mine Office		2	
10/3/2006	23703		Entire Mine		2	✓
10/10/2006	23703		Entire Mine		2	V

pervisor Initials: Inspector(s) Initials: MineID: 4608436 Event Number: 4111839 **Activity Code: E01** Coal Inspection Tracking System Records The operator's compliance with recording examinations required by 30 CFR 75.1914(f)(2) was Weekly Examination Record Of Diesel Equipment evaluated by comparing information recorded in the record book with actual conditions in the Required= No area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded. The operator's compliance with recording examinations required by 30 CFR 75.1107-16 was Weekly Inspection Of Fire Suppression Devices evaluated by comparing information recorded in the record book with actual conditions in the Required=Yes area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded. Date AR# Record For Shift 10/3/2006 23703 2 Entire Mine The operator's compliance with recording examinations required by 30 CFR 75.512 was Weekly Tests Of Underground Electrical Equipment evaluated by comparing information recorded in the record book with actual conditions in the Required= Yes area inspected. Prior recordings were reviewed back to the ending date of the last regular safety and health inspection to determine if the results of all required examinations, including corrective actions, were recorded.

Record For

Entire Mine

Date	AR#	Record For Shirt	ft Complet	te
10/3/2006	23703	Entire Mine 2	<u> </u>	

the mine.

Date

10/3/2006

X- Ray Plan

Required= Yes

AR#

23703

Complete •

Complete **✓**

Shift

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The inspector reviewed and compared the X-Ray Plan agreement with the information posted at

Event Number: 4111839

Activity Code: E01

Inspector(s) Initia	1	pervisor Initials:	UT
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Coal Inspection Tracking System

Surface

Escapeways Required= No	An inspection was conducted of all work areas to determine if escapeways were adequate. The inspection evaluated compliance with applicable standards for safe access, lighting, escapeway maintenance, and included discussions with miners working in each area.
Explosives Storage Required= No	An inspection was conducted of all areas where explosives were stored on mine property, including: an observation of storage security, combustible materials, handling, fire protection, and record keeping. The inspector completed the appropriate ATF forms.
Fire Fighting Equipment Surface Required= Yes	An inspection was conducted of all surface fire fighting equipment, including an evaluation of: equipment maintenance, placement for safe access if needed, and equipment identification.
Date AR # Location	Shift Complete
10/16/200€ 23703 charger barn/shop	2 🗹
Fuel Storage Required=No	An inspection was conducted of all areas where fuel was being stored for compliance with applicable standards including: safe access, combustible materials, handling, and fire protection.
Ground Control Required= No	The inspector evaluated compliance with the current ground control plan. The inspector also evaluated the adequacy of the plan for conditions and polled the operator and miners as to their knowledge of the plan.
Haulage Facilities (Including Belts) Required=No	An inspection was conducted of each haulage facility to determine compliance with applicable standards, including: safe access, guards, equipment condition, fire hazards, combustible materials, fire protection, and electrical installations.
High Walls And Spoil Banks Required= No	An inspection was conducted of high walls and spoil banks in all active areas for existing and potential hazards, such: loose material, over hanging rock, or unstable spoil banks.
Hoisting Equipment Required= No	An inspection was conducted of all hoisting equipment to determine compliance with applicable standards, including: structure condition, guarding, accumulations, lighting, electrical installations, rope condition, fire protection, safety devices, and safe access.

Event Number: 4111839

Activity Code: E01

Inspector(s) Ini

pervisor Initials:

Coal Inspection Tracking System

Surface

Illumination Of Work Areas Required= No	An inspection was conducted of all work areas to evaluate illumination adequacy. The evaluation included observation of lighting and information obtained from polling miners.
Methane Tests In Required Locations (Surface) Required= No	The inspector conducted a test for methane in all structures and areas where there was a potential for a hazardous accumulations of methane.
Non-Major Construction Sites Required= No	All independent contractors encountered at non-major construction sites were inspected for compliance with applicable standards, including: observations of work practices, comparing training records with information received from workers, and inspection of equipment. MSHA Form 2000-208 (inspection notes page) was completed and submitted as part of the inspection report.
Other Places Where Miners Work Or Travel Required= No	Other work areas and travelways were inspected for compliance with applicable standards, including: observations of work practices, illumination, safe access, combustible material accumulations, workplace maintenance, and air quality.
Potable Water (Surface) Required=No	The inspector determined if potable water was made available. This evaluation included information obtained from the miners and the operator.
Preparation Plant Required= No	An inspection was conducted of all preparation plants for compliance with applicable standards, including: structure condition, guarding, accumulations, lighting, electrical installation, air quality, fire protection, and safe access.
Refuse Pile And Impoundments Required= No	The inspector made an inspection in accordance with the Coal Mine Impoundment Inspection Procedures Handbook to determine compliance with applicable standards, including: safe access, berms, proximity to underground mines, drainage, combustible materials around site, equipment condition, and fire protection. A comparison was made between the operator's examination records and the inspector's observations.
Safety Talks With Surface Crews Required= No	The inspector held safety discussions with miners at the mine, including topics such as: recent accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.

Supervisor Initials: Ut? MineID: 4608436 Event Number: 4111839 **Activity Code: E01** Inspector(s) Initials: Coal Inspection Tracking System Surface An inspection was conducted of all sanitary facilities for compliance with applicable standards, Sanitary Facilities (Bathhouse) including attention to: location, structure, cleanness, safe access, and compliance with a bathing Required= No facilities waiver. An inspection was conducted of all shops to determine compliance with applicable standards, Shop including attention to: structure condition, guarding, accumulations, lighting, electrical installation, Required= Yes air quality, fire protection, safety devices, and safe access. Date AR# Location Shift Complete V 10/16/200€ 23703 2 charger barn/shop Surface First Aid Kit An inspection was conducted of all surface first-aid kits. Required=Yes Date AR # Location Shift Complete V 10/16/2006 23703 charger barn/shop 2 Thermal Dryer An inspection was conducted of all thermal dryers for compliance with applicable standards, including attention to: structure condition, guarding, accumulations, lighting, electrical installation, Required= No air quality, fire protection, safety devices, and safe access.

Required = No

Travelways And Active Roadways

An inspection was conducted of all travelways and active roadways for compliance with applicable

standards, including attention to: road grades and design, visibility, and traffic control.

Event Number: 4111839

Activity Code: E01

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Supervisor Initials:

Coal Inspection Tracking System

Surface

Ventilation	Facilities
Required=	: Yes

An inspection was conducted of all ventilation facilities for compliance with applicable standards, including attention to: airway heaters, safe access, guards, equipment condition, fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, and circuit capacity.

Date	AR#	Location	Shift	Complete
11/28/200€	23703	MINE FAN AT MINE OFFICE	2	V
11/28/2006	23703	JARRELL BRANCH FAN	2	<u> </u>

U.S. Department of Labor Mine Safety and Health Administration



MineID: 4608436	Event Number: 4111839	Activity Code: E01	Inspector(s) Initials:	Supervisor Initial	s: _K TS
Coal Inspection Trace Haulage	cking System	·			
AMS Alarm Syste Required= Ye	ems (Including CO) s	m ìn:	ne inspector examined the AMS records and s aking a required calibration of system sensors spector compared the data and times obtaine of the system on the surface.	s. To determine the accuracy of the s	ystem, the
Date AR # Lo	cation			Shift	Complete
10/18/2006 23703 AL	L BELT CONVEYORS			2	✓

MineID:	4608436
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Event Number: 4111839

Activity Code: E01

Inspector(s) Initials	Supervisor Initials:	M5

Coal Inspection Tracking System

Haulage

Belts

Required= Yes

An inspection was conducted of each belt flight and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Date	AR#	Location	Travel Begin	Travel End	Shift	Complete
11/8/2006	23703	glory hole belt	glory hole head	glory hole tailpiece	2	
		glory hole belt head kva box				
11/8/2006	23703	northwest 7 belt	#7 tailpiece	#7 belt head	2	
11/8/2006	23703	northwest 6 belt	#6 Tailpiece	#6 belthead	2	
10/4/2006	23703	LLB MAINS	no. 2 tail piece	belt head	2	$\overline{\mathbf{v}}$
		kva box/ starter box, fire suppre	ession			
10/10/2006	23703	MAINS	1 NORTH BELT, 52 BK	1 NORTH BELT 30 BK	2	\checkmark
10/10/2006	23703	MAINS	NO. 1 BELT HEAD	52 BREAK NORTH 6 FT. BELT	2	V
		KVA BOX AND SPLITER				
10/10/2006	23703	LLB MAINS	NO. 1 BELT TAIL PIECE	NO. 1 BELT HEAD	2	✓
10/18/2006	23703	no. 1 south belt	1 south tail piece	belt head on surface	2	V
		mcc room, top of solo				
10/18/200€	23703	no. 1 north belt	plumly switch	no. 1 north beit head	2	✓
		KVA box				
10/30/200€	23703	No.2 6ft. Belt	tailpiece	belt head	2	V
11/6/2006	23703	head gate mains	no. 3- 6 ft. tail piece	no. 3-6ft. Belt head	2	V
		KVA BOX				
11/6/2006	23703	glory hole mains	no. 4- 6 ft. tail piece	no.4-6 ft, belt head.	2	✓
		KVA BOX- two splitter box				
11/6/2006	23703	glory hole mains	no. 5 6 ft. tail piece	no. 5 belt 6 ft. belt conveyor	2	✓
		kva box, two splitter boxes.				

Event Number: 4111839

Activity Code: E01

Inspector	(s)	Initi	ials:



Coal Inspection Tracking System

Haulage

Skip Shaft Facilities, Bunkers Required= No				An inspection was conducted of each skip shaft or bunker and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.			
Trackways Required= Yes		The inspector made an inspection of each trackway and determined if hazards or potential hazards existed including clearance, switches, bonding, trolley guards, equipment, combustible materials, fire protection, and condition of electrical cables and wiring. The inspector compared information from examination records with observations made during the examination.					
Date	AR#	Location	Travel Begin	Travel End	Shift	Complete	
10/4/2006	23703	LLB MAINS	MMU O30	SURFACE	2	✓	
11/8/2006	23703	north mains	4 belt head	6 belt head	2	✓	
11/8/2006	23703	north mains	glory hole	section	2	✓	

U.S. Department of LaborMine Safety and Health Administration



MineID: 4608436	Event Number: 4111839	Activity Code: E01	Inspector(s) Initials	Supervisor Initials:
Coal Inspection Trad Haulage	cking System			
AMS Alarm Systems (Including CO) Required= Yes			aking a required calibration of system sensor	system components and observed the operator s. To determine the accuracy of the system, the d during the inspection with information recorded
Date AR# Le	ocation			Shift Complete
10/18/2006 23703 A	II BELT CONVEYORS		1	2

MineID: 4608436 Event Number: 4111839	MineID:	4608436	Event Number:	4111839
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Activity Code: E01

Inspector(s) Initials:		Supervisor Initials:	<u>w</u> T

Coal Inspection	Tracking System
Haulage	<u> </u>

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Required= Yes

An inspection was conducted of each belt flight and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Date	AR#	Location	Travel Begin	Travel End	Shift	Complete
11/8/2006	23703	glory hole belt	glory hole head	glory hole tailpiece	2	
		glory hole belt head kva box				·
11/8/2006	23703	northwest 7 belt	#7 tailpiece	#7 belt head	2	
11/8/2006	23703	northwest 6 belt	#6 Tailpiece	#6 belthead	2	
10/4/2006	23703	LLB MAINS	no. 2 tail piece	belt head.	2	✓
		kva box/ starter box, fire suppre	ession			
10/10/200€	23703	MAINS	1 NORTH BELT, 52 BK	1 NORTH BELT 30 BK	2	✓
10/10/2006	23703	MAINS	NO. 1 BELT HEAD	52 BREAK NORTH 6 FT. BELT	2	✓
7		KVA BOX AND SPLITER				
10/10/200€	23703	LLB MAINS	NO. 1 BELT TAIL PIECE	NO. 1 BELT HEAD	2	✓
10/18/200€	23703	no. 1 south belt	1 south tail piece	belt head on surface	2	<u> </u>
		mcc room, top of solo				
10/18/200€	23703	no. 1 north belt	plumly switch	no. 1 north belt head	2	✓
_		KVA box				
10/30/2006	23703	No.2 6ft. Belt	tailpiece	belt head	2	✓
11/6/2006	23703	head gate mains	no. 3- 6 ft. tail piece	no. 3-6ft. Belt head	2	✓
_	_	KVA BOX				
11/6/2006	23703	glory hole mains	no. 4- 6 ft. tail piece	no.4-6 ft. belt head.	2	✓
		KVA BOX- two splitter box	·			
11/6/2006	23703	glory hole mains	no. 5 6 ft. tail piece	no. 5 belt 6 ft. belt conveyor	2	Y
		kva box, two splitter boxes.				

MineID: 46	08436 Ev e	nt Number: 4111839	Activity Code: E01	Inspector(s) Initials:	Supervisor Initia	ls: MT
Coal Inspects Haulag	ion Tracking S J e	iystem				******
Skip Shaft Require	Facilities, L ed= No	Bunkers	· .	An inspection was conducted of each skip shaft determine if a hazard or potential hazard existed inoperative fire detection systems, combustible reables and wiring, power source capacity, and gompared information from examination records	I, including safe access, improper g materials, fire protection, condition eneral operating condition. The ins	uards, of electrical spector
Trackways Require	ed= Yes			The inspector made an inspection of each tracky hazards existed including clearance, switches, be materials, fire protection, and condition of electric information from examination records with observations.	onding, trolley guards, equipment, ical cables and wiring. The inspecto	combustible or compared
Date Af	R# Location	Trave	el Begin	Travel End	Shift	Complete
10/4/2006 23	703 LLB MAIN	IS MMU	O30	SURFACE	2	✓
11/8/2006 23	703 north mai	ns 4 bel	t head	6 belt head	2	✓
11/8/2006 23	703 north mai	ns glory	hole	section	2	✓

U.S. Department of LaborMine Safety and Health Administration



MineID: 4608436	Activity Code: E01	Inspector(s) Initials:	Supervisor Initia	ls: MT
Coal Inspection Tracking System				
Underground MMU Inspection F	Progress - All MMU's for th	his Mine ID and Event ————————————————————————————————————	, , ,	
Air Measurements Taken Required= Yes		The inspector measured air quantity at locations requ General Inspection Procedure Handbook.	ired on working sections in th	e Coal
Date AR # Location			Shift	Complete
10/3/2006 23703 030-0 LOB 22,900 CFM			2	✓
All Shifts (Working Section) Required=Yes		The inspector made an inspection during each shift. The health and safety and work practices with miners end		rs concerning
Date AR # Location			Shift	Complete
11/30/200€ 23703 030-0			1	✓
Blasting Practices (Working Section) Required= No		An inspection was conducted of all areas where exploincluding: an observation of work practices, the blastic materials, fire protection, and record keeping. The instances.	ng cycle, storage security, con	nbustible
Boreholes In Advance Of Mining Required= No		The operator's compliance with plans approved under evaluated by the inspector. Discussions shall be cond supervisors to evaluate their familiarity with plan requi	ucted with affected miners ar	
Communication Installations Checked Required=Yes		An inspection was conducted of all communication instandards, including attention to: grounding, insulation and safe access.		
Date AR # Location			Shift	Complete
10/3/2006 23703 030-0			2	V

MineID: 4608436	Event Nur
Coal Inspection Trac	- ,
Undergrou	and MM
Compliance Of D Required=Yes	ust Contro

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:	W5

nd MMII

Inspection Progress - All MMI I's for this Mine ID and Event

Compliance Of Dust Control Parameters Required= Yes	Dust controls used on the section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable coal mine dust samples were collected pursuant to the Coal Health Inspection Procedures Handbook.			
Date AR # Location	Shift	t Complete		
10/4/2006 23703 030-0	2	✓		
Compliance With Hearing Conservation Plans Required= Yes	The inspector determined operator compliance with the stipulations contained in hearing conservation program, including administrative controls such as hearing exposure time limitations, and a discussion with enrolled miners to ascertain their the program. Noise surveys were conducted in accordance with the Coal Health Procedures Handbook.	protection, r knowledge of		
Date AR # Location	Shif	t Complete		
10/3/2006 23703 030-0	2	✓		
Dates, Times, and Initials Required= Yes	The inspector examined all faces on each working section and determined if the had certified with dates, times and initials that the required examinations were contained in the required examinations.			
Date AR # Location	Shif	t Complete		
10/3/2006 23703 030-0	. 2	✓		
Escapeway Map Required= Yes	The inspector determined if an up-to-date escapeway map was maintained on ea section. Discussions were conducted with the miners to determine if they were finap location, the designated escape routes, and evacuation procedures.			
Date AR # Location	Shift	: Complete		
10/4/2006 23703 030-0	2	V		

MineID:	460843	S Event Number: 4111839	Activity Code: E01	Inspector(s) Initials:	Supervisor Initia	als: M
Coal Inst	ection T	racking System				
			Progress - All MMU's for t	thic Mina ID and Event		
Oliuc	-191	Junu Pirio Inspection P	Togress - All Mino's for t	This Phile ID and Event		
	eas In: red= Ye	spected (For Imminent Dang	ers)	All the working places on the active working section we dangers existed.	ere inspected to determine i	f imminent
Date	AR#	Location		•	Shift	Complete
10/3/2006	23703	030-0			2	✓
10/10/2006	23703	030-0			2	V
	tectio red= Ye	n Checked s		All fire fighting equipment available for use on the sect applicable standards, including attention to: equipment inspection record, and adequate capacity.		
Date	AR#	Location			Shift	Complete
10/3/2006	23703	030-0			2	✓
	d Equip red= Ye	oment Checked ;		An inspection was conducted of all underground first-ai standards.	id kits for compliance with a	pplicable
Date	AR#	Location			Shift	Complete
10/3/2006	23703	030-0			2	<u> </u>
	t Docu red= Ye:	mented Or Statements Of Ab	normalities	The inspector tested air quality at locations required on Inspection Procedure Handbook.	working sections in the Coa	al General
Date	AR#	Location			Shift	Complete
10/3/2006	23703	030-0			?	7

Location Of Last Open Crosscut

Required= Yes

The last open crosscut identified by it's location in relation to a permanent marker that appears on the mine map; such as a survey spad number or crosscut number.

Date	AR#	Location	Shift	Complete
10/3/2006	23703	030-0	2	✓
		SPAD 2595		

MineID: 4608436 Event Number: 4111839 Activity Code: E01 Coal Inspection Tracking System Underground MMU Inspection Progress - All MMU's for the	Inspector(s) Initials: Supervisor Initial this Mine ID and Event	is: Mr
Mining Cycle Observed And Method Listed	The inspector observed the complete mining cycle on the working section; includin	g the loading
Required= Yes	and detonation of explosives on conventional working sections or mines that blast	
Date AR # Location	Shift	Complete
10/3/2006 23703 030-0	2	✓
Observed Haulage Practices Required= Yes	The inspector observed haulage practices to determine compliance with applicable evaluate work practices for health and safety.	standards and
Date AR # Location	Shift	Complete
10/3/2006 23703 030-0	2	✓ .
Potable Water (Working Section) Required= Yes	The inspector determined if potable water was available. This evaluation included in obtained from the miners and the operator concerning availability of potable water.	
Date AR # Location	Shift	Complete
10/4/2006 23703 030-0	2	✓
Required Ventilation Controls Adequate Required= Yes	Temporary and permanent ventilation controls were inspected on each working sec normal mining cycles to determine effectiveness and compliance with applicable sta- including attention to information obtained from the miners installing the ventilation equipment operators, and the mine operator.	indards,
Date AR # Location	Shift	Complete
10/3/2006 23703 030-0	2	V
Rock Dust Applications Checked Required=Yes	The inspector examined the working section and determined if rock dust application adequate. Spot samples were collected where compliance could not be clearly determined in the clear clearly determined in the clear cle	n was rmined by
Date AR # Location	Shift	Complete
10/3/2006 23703 030-0	2	✓

Supervisor Initials: Inspector(s) Initials: MineID: 4608436 Event Number: 4111839 **Activity Code: E01** Coal Inspection Tracking System **Underground MMU** Inspection Progress - All MMU's for this Mine ID and Event The inspector conducted a rock dust survey to within 50 feet of the section dumping point on Rock Dust Survey Taken each advancing active working section in the mine. Locations where samples were not Required= Yes previously collected due to wet conditions were tracked and re-inspected for a period of one year. Surveys were collected and submitted in accordance with the Sampling Procedures section of the Coal General Inspection Procedures Handbook. Shift Complete Date AR # Location 2 10/4/2006 23703 030-0 The inspector observed roof and rib conditions on each active working section to determine Roof & Ribs Evaluated compliance with applicable standards, including attention to: roof control failures, roof control Required= Yes plan requirements, and information obtained from the miners installing the roof supports and the mine operator. Date AR # Location Shift Complete 10/3/2006 23703 030-0 2 69 - E-1 - 57 - 15 - 105" (1. 10"

Required= Yes	accidents, accident history, mine-specific hazards, and occupation-specific health and safety concerns.
Date AR # Location	Shift Complete
10/3/2006 23703 030-0	2 🗸
Sanîtary Facilities Required= Yes	An inspection was conducted of sanitary facilities for compliance with applicable standards, including attention to location and cleanness.
Date AR # Location	Shift Complete

10/3/2006 23703 030-0

V

✓

V

2

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:

Supervisor Initials:

Coal Inspection Tracking System

Underground MMU

Inspection Progress - All MMU's for this Mine ID and Event

Section Equipment (Including Face Equipment) Required = Yes

An inspection was conducted of each piece of in-use or available for-use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), dust control, and safety devices. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

Date	AR#	Location				Shift	Complete
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 16962	2	V
	_	out of service					
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no.16945	2	✓
		out of service					
11/15/200€	23703	009-0	Stamler	Feeder	no. 1 feeder	2	✓
		out of service					
11/15/200€	23703	009-0	Fletcher	Roof Bolting Machine	no. 2005339	2	V
		out of service		·			
11/15/200€	23703	009-0	Fletcher	Roof Bolting Machine	no. 200339	2	•
		out of service					
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	no. 4677 rt.	2	V
		out of service	·				
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	no. 4657 LT.	2	✓
		OUT OF SERVICE					
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 77017	2	✓
		out of service					
10/4/2006	23703	030-0	Other Type Not Listed	Transformer	no. 20812-2300	2	V
10/4/2006	23703	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	no. 5811 RT.	2	V

MineID: 4608436 **Event Number:** 4111839

Activity Code: E01

Inspector(s) Initi

Supervisor Initials: 145

10/4/2006 2	3703 030-0	Fletcher	Roof Bolting Machine	no. 204328 RT.	2	<u> </u>
10/4/2006 2	3703 030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 17203 LT.	2	V
0/4/2006 2	3703 030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 17504 center	2	·
0/4/2006 2	3703 030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 17505 RT.	2	✓
0/4/2006 2	3703 030-0	Fairchild	Scoop	no. T39224/no. 2	2	✓
0/4/2006 2	3703 030-0	. Fairchild	Scoop	no. T39-231/no. 1	2	✓
0/4/2006 2	3703 030-0	Other Type Not Listed	Forklift	no. 153	2	✓
0/4/2006 2	3703 030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	no. 4918 LT.	2	V
0/4/2006 2	3703 030-0	Stamler	Feeder	no. 54-2147	2	✓
0/4/2006 2	3703 030-0	Other Type Not Listed	Battery Charger	no. 1	2	✓
0/4/2006 2	3703 030-0	Other Type Not Listed	Battery Charger	no. 2	2	V
0/4/2006 2	3703 030-0	Fairchild	Scoop	no. 1 service scoop	2	V
elf-Rescu Required		(Working Section)	The operator's compliance with approve evaluated by inspecting a representation not less than ten percent each inspection.	e number of each type of device		
Date A	R# Locatio	n	•		Shift	Complete
0/3/2006 23	3703 030-0				2	V

MSHA Form 2000-213, Feb. 06

h Administration

MineID: 4608436

Event Number: 4111839

Inspector(s) Initials

Supervisor Initials: __M^

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	02	CH4	CO	NO2	TL Sample	Bottle #
0/3/2006	••• ··································	2	23703	#1 Portal-South Side	958	4,311	20.8	0.0	0.0	0.0		
10/3/2006	9:00	2	23703	NO. 5 ENTRY FAN	2741	274,100	20.8	0.0	0.0	0.0		
10/3/2006	9:04	2	23703	NO. 6 ENTRY FAN	1227	122,700	20.8	0.0	0.0	0.0		
10/3/2006	9:10	2	23703	NO. 7 ENTRY FAN	918	98,455	20.8	.0.0	0.0	0.0		
10/3/2006	11:00	2	23703	INTAKE SPLIT FOR MMU 030	2546	61,176	20.8	0.0	0.0	0.0		
10/3/2006	11:25	2	23703	NO. 3 ENTRY MMU 030	364	8,736	20.8	0.0	0.0	0.0		
10/4/2006	8:10	2	23703	#2 Portal South Side	103	8,652	20.8	0.0	0.0	0.0	~	N8362
10/4/2006	8:15	2	23703	#3 Portal South Side	75	5,625	20.8	0.0	0.0	0.0	. 🗸	N8382
10/4/2006	8:25	2	23703	#1 Portal North Side	29	5,365	20.8	0.0	0.0	0.0	✓	N8371
10/4/2006	8:35	2	23703	#2 Portal North Side	74	12,654	20.8	0.0	0.0	0.0	~	N8370
10/4/2006	8:35	2	23703	#2 Portal North Side	74	12,654	20.8	0.0	0.0	0.0	~	N8370

Event Number: 4111839

Inspector(s) Initials

Supervisor Initials:

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	02	СН4	co	NO2	TL Sample	Bottle #
10/4/2006	11:35	2	23703	#3 Portal North Side	100	20,900	20.8	0.0	0.0	0.0	\checkmark	N8372
10/10/2006	10:30	2	23703	EP 52	306	24,786	20.8	0.0	0.0	0.0	. 🔲	
10/10/2006	10:55	2	23703	EP 53	270	486	20.8	0.0	0.0	0.0		
10/10/2006	11:15	2	23703	EP 54	711	6,395	20.8	0.0	0.0	0.0		
10/10/2006	11:30	2	23703	EP 59	111	19,980	20.8	0.0	0.0	0.0		
10/16/2006	14:45	3	23703	no. 5 drift return north side	847	43,197	20.8	0.0	0.0	0.0	√	n7377
10/18/2006	10:30	2	23703	no. 3 drift east portal	44	704	20.8	0.0	0.0	0.0	✓	n7368
10/18/2006	10:35	2	23703	no. 2 drift east portal	42	6,720	20.8	0.0	0.0	0.0	✓	n6030
10/18/2006	11:00	2	23703	no. 1 drift east portal	244	19,520	20.8	0.0	0.0	0.0	✓	n7368
10/24/2006	9:07	2	23703	EP-50	3914	2,739	20.8	0.0	0.0	0.0		
10/24/2006	9:15	2	23703	EP-57	5528	4,425	20.8	0.0	0.0	0.0		
10/24/2006	9:20	2	23703	EP-56	3595	1,222	20.8	0.0	0.0	0.0		
10/24/2006	9:25	2	23703	EP-55	2586	645	20.8	0.0	0.0	0.0		

Event Number: 4111839

Inspector(s) Initials:

Supervisor Initials:

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	02	CH4	co	NO2	TL Sample	Bottle #
10/24/200€	9:40	2	23703	EP-43	3061	1,836	20.8	0.0	0.0	0.0		
10/30/2006	9:30	2	23703	EP 42	5499	10,992	20.8	0.0	0.0	0.0		
10/30/200€	9:55	2	23703	EP 41	5330	50,160	20.8	0.0	0.0	0.0		
10/30/2006	10:30	2	23703	EP 40	500	11,250	20.8	0.0	0.0	0.0		,,,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
10/30/2006	10:35	2	23703	EP 40A	563	1,126	20.8	0.0	0.0	0.0	. 🗸	
10/30/2006	11:05	2	23703	EP 39	1175	1,762	20.8	0.0	0.0	0.0		
11/6/2006	9:40	2	23703	ep 22	1353	2,029	20.8	0.0	0.0	0.0	. 🗆	
11/6/2006	10:00	2	23703	ep 33	137	20,139	20.8	0.0	0.0	0.0		
11/6/2006	10:10	. 2	23703	ep 20a	51	6,885	20.8	0.0	0.0	0.0		
11/8/2006		2	23703	EP 20	3820	22,920	20.8	0.1	0.0	0.0		
11/13/2006	8:30	2	23703	north mains return overcast	1690	143,775	0.0	0.0	0.0	0.0		
12/4/2006		2	23879	#1 Face at Miner	410	9,010	20.8	0.0				
12/4/2006		2	23879	#1 Face at Bolter	265	5,565	20.8	0.0				
												

Event Number: 4111839

Supervisor Initials: ______

Coal Inspection Tracking System

Air Quality/Quantity

Measurements of air quantity, tests to determine air quality, and the collection of air samples were conducted in accordance with the requirements contained within the Coal General Inspection Procedures Handbook.

Inspector(s) Initia

Date	Time	Shift	AR#	Measurement Location	Velocity	Quantity	02	CH4	co	NO2	TL Sample	Bottle #
12/4/2006		2	23879	#2 Face at Miner	405	8,505	20.8	0.0				
12/4/2006		2	23879	#3 Face at Miner	225	15,750	20.9	0.0				
12/4/2006		2	23879	#4 to #5 LOB	145	19,285	20.9	0.0				
12/4/2006	<u></u> .	2	23879	#4 Face at Miner	665	9,310	20.8	0.0				
12/4/2006		2	23879	#3 Face at Bolter	335	7,035	20.8	0.0				
12/4/2006		2	23879	#4 Face at Bolter	280	5,880	20.8	0.0				
12/4/2006		2	23879	#5 Face at Miner	685	14,385	20.9	0.0				
12/4/2006		2	23879	#1 Entry Main Intake	235	30,550	20.9	0.0				
 12/26/200€	9:30	2	23703	Jarral branch fan	3525	468,825	19.5	0.5	0.0	0.0	V	N8377

U.S. Department of Labor

Cofety and Use Who Administration

MineID: 460	8436 Event Nun	n ber: 4111839	Activity Code: E01	Inspector(s) Initials:	upervisor Initia	ls: MT			
•	on Tracking System Jround MM	Inspection	Progress - All MMU's for t	his Mine ID and Event					
Air Measure Required=	ements Taken - Yes			The inspector measured air quantity at locations required on working sections in the Coal . General Inspection Procedure Handbook.					
Date AF	R# Location				Shift	Complete			
10/3/2006 23	703 030-0 LOB 22,900 CFM				2	✓			
12/4/2006 238	·	, , , , , , , , , , , , , , , , , , , ,			2				
	Ran Respirable Dus	t Pumps MMU 030-0/93	80-0			-			
All Shifts (1 Required=	Norking Section, Yes)		The inspector made an inspection during each shift. The inspector discussed matters concerning health and safety and work practices with miners encountered.					
Date AR	# Location				Shift	Complete			
11/30/2006 237	703 030-0				1	<u> </u>			
Blasting Practices (Working Section) Required= No			An inspection was conducted of all areas where explosives were being used on the section, including: an observation of work practices, the blasting cycle, storage security, combustible materials, fire protection, and record keeping. The inspector completed the appropriate ATF forms.						
Boreholes In Advance Of Mining Required= No			The operator's compliance with plans approved under 30 CFR 75.388 and 75.389 shall be evaluated by the inspector. Discussions shall be conducted with affected miners and mine supervisors to evaluate their familiarity with plan requirements.						

				,					
MineID:	460843	Event Number: 4111839	Activity Code: E01	Inspector(s) Initials:	Supervisor Initials	s: _ M			
Coal Insp	ection T	Fracking System							
Unde	ergro	ound MMU Inspection	Progress - All MMU's for t	his Mine ID and Event					
	nicatio red= Ye	on Installations Checked		An inspection was conducted of all communication in standards, including attention to: grounding, insulation and safe access.					
Date	AR#	Location			Shift	Complete			
10/3/2006	23703	030-0			2	✓			
12/4/2006	23879	030-0		,	2				
Compliance Of Dust Control Parameters Required=Yes				Dust controls used on the section were inspected to determine compliance with the approved mine ventilation plan. Miners were polled to determine if conditions observed were representative of normal mining conditions. Respirable coal mine dust samples were collected pursuant to the Coal Health Inspection Procedures Handbook.					
Date	AR#	Location			Shift	Complete			
10/4/2006	23703	030-0			2	✓			
12/4/2006	23879	030-0			2				
	****	Ran Respirable Dust Pumps MMU 030-0/93	30-0						
Compliance With Hearing Conservation Plans Required = Yes			ans	The inspector determined operator compliance with the stipulations contained in the current hearing conservation program, including administrative controls such as hearing protection, exposure time limitations, and a discussion with enrolled miners to ascertain their knowledge of the program. Noise surveys were conducted in accordance with the Coal Health Inspection Procedures Handbook.					
Date	AR#	Location			Shift	Complete			
10/3/2006	23703	030-0			2	✓			
-	imes, . ed= Ye:	and Initials		The inspector examined all faces on each working se had certified with dates, times and initials that the re					

Required=Yes

10/3/2006 23703 030-0

12/4/2006 23879 030-0

AR # Location

Date

Shift Complete

✓

				•				
MineID:	460843	Event Number: 4111839 Activity Code: E01	Inspector(s) Initia	Supervisor Initia	ls: MT			
Coal Inst	ection T	racking System						
		A NARALI	this Mine ID and Great	Т	<u>-</u>			
Unuc	- 1911	OUNG MIMIU Inspection Progress - All MMU's for	this Mine 1D and Event ————————————————————————————————————					
Escapes Requi	vay Ma red= Ye	•	The inspector determined if an up-to-date escapeway map section. Discussions were conducted with the miners to d map location, the designated escape routes, and evacuation	etermine if they were far				
Date	AR#	Location		Shift	Complete			
10/4/2006	23703	030-0		2	✓			
12/4/2006	23879	030-0		2				
Face Areas Inspected (For Imminent Dangers) Required= Yes			All the working places on the active working section were inspected to determine if imminent dangers existed.					
Date	AR#	Location		Shift	Complete			
Date 10/3/2006				Shift 2	Complete			
	23703	030-0						
10/3/2006	23703 23703	030-0 030-0		2	V			
10/3/2006 10/10/2006 12/4/2006	23703 23703 23879	030-0 030-0 030-0 c Checked	All fire fighting equipment available for use on the section applicable standards, including attention to: equipment mainspection record, and adequate capacity.	2 2 2 was inspected for compli	✓ ✓ ✓ ance with			
10/3/2006 10/10/2006 12/4/2006	23703 23703 23879 tection	030-0 030-0 030-0 c Checked	applicable standards, including attention to: equipment ma	2 2 2 was inspected for compliantenance, placement for	✓ ✓ ✓ ance with			
10/3/2006 10/10/2006 12/4/2006 Fire Pro Requir	23703 23703 23879 tection red = Yes	030-0 030-0 030-0 Checked Location	applicable standards, including attention to: equipment ma	2 2 2 was inspected for compliantenance, placement for	ance with			
10/3/2006 10/10/2006 12/4/2006 Fire Pro Requir Date 10/3/2006	23703 23703 23879 tection red = Ye. AR # 23703	030-0 030-0 030-0 Checked Location 030-0	applicable standards, including attention to: equipment ma	2 2 was inspected for compliantenance, placement for Shift 2	ance with r safe access, Complete			

10/3/2006 23703 030-0

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RAIDATE	4608436
MINELD:	4608436

Event Number: 4111839

Activity Code: E01

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Coal Inspection Tracking System

Gas Test Documented Or Statements Of Abnormalities Required= Yes	The inspector tested air quality at locations required on working sections in the Coal Gene Inspection Procedure Handbook.						
Date AR # Location	_ SI	ift	Complete				
10/3/2006 23703 030-0		2	✓				
Location Of Last Open Crosscut Required=Yes	The last open crosscut identified by it's location in relation to a permanent ma on the mine map; such as a survey spad number or crosscut number.	rker 1	that appears				
Date AR # Location	SI	ift	Complete				
10/3/2006 23703 030-0 SPAD 2595		2.	✓				
Aining Cycle Observed And Method Listed Required= Yes	The inspector observed the complete mining cycle on the working section; included and detonation of explosives on conventional working sections or mines that be						
Date AR # Location	SI	ift	Complete				
10/3/2006 23703 030-0	·	2	·				
12/4/2006 23879 030-0		2					
Observed Haulage Practices Required= Yes	The inspector observed haulage practices to determine compliance with applic evaluate work practices for health and safety.	able :	standards and				
Date AR # Location	Sł	ift	Complete				
10/3/2006 23703 030-0		2	✓				
12/4/2006 23879 030-0		 ?					

MineID:		5 Event Number: 4111839 Tracking System	Activity Code: E01	Inspector(s) Initials:	upervi	isor Initia	als: At			
		TANALI	gress - All MMU's for ti	nis Mine ID and Event						
	Water red= Ye	(Working Section)		The inspector determined if potable obtained from the miners and the op-	water was available. This evaluation perator concerning availability of pote	included i able water	nformation -			
Date	AR#	Location				Shift	Complete			
10/4/2006	23703	030-0				2	✓			
12/4/2006	23879	030-0				2				
Required Ventilation Controls Adequate Required= Yes				Temporary and permanent ventilation controls were inspected on each working section during normal mining cycles to determine effectiveness and compliance with applicable standards, including attention to information obtained from the miners installing the ventilation controls, equipment operators, and the mine operator.						
Date	AR#	Location				Shift	Complete			
10/3/2006	23703	030-0				2	\checkmark			
12/4/2006	23879	030-0				2				
	st App ed= Ye	lications Checked		The inspector examined the working adequate. Spot samples were collect visual observation.						
Date	AR#	Location				Shift	Complete			
10/3/2006	23703	030-0				2	✓			
12/4/2006	23879	030-0				2				
Rock Dust Survey Taken Required= Yes			The inspector conducted a rock dust survey to within 50 feet of the section dumping point on each advancing active working section in the mine. Locations where samples were not previously collected due to wet conditions were tracked and re-inspected for a period of one year. Surveys were collected and submitted in accordance with the Sampling Procedures section of the Coal General Inspection Procedures Handbook.							
Date	AR#	Location				Shift	Complete			
10/4/2006	23703	030-0	······ —			2	✓			

MineID:	460843	6 Event Number: 4111839	Activity Code: E01	Inspector(s) Initials:	Supervisor Initia	ls: MT
Coal Inst	ection 'i	Tracking System				
-		NANAII	ion Progress - All MMU's for	this Mine ID and Event ————————————————————————————————————		
Roof & Ribs Evaluated Required= Yes				The inspector observed roof and rib conditions on e compliance with applicable standards, including atterplan requirements, and information obtained from t mine operator.	ention to: roof control failures,	oof control
Date	AR#	Location			Shift	Complete
10/3/2006	23703	030-0			2	✓
12/4/2006	23879	030-0			. 2	
_	Safety Talks With Miners Required= Yes			The inspector held safety discussions with miners or accidents, accident history, mine-specific hazards, a concerns.		
Date	AR#	Location			Shift	Complete
10/3/2006	23703	030-0			2	✓
12/4/2006	23879	030-0			2	
		Discussed proper wearing of Respirab	le Dust Pumps Day Shift Crew			
Sanitary Facilities Required= Yes		An inspection was conducted of sanitary facilities for including attention to location and cleanness.	r compliance with applicable st	indards,		
Date	AR#	Location			Shift	Complete
10/3/2006	23703	030-0			2	✓

MineID:	4608436
	1000100

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials:		Supervisor Initials:	
		-	

pervisor	Initials:	(K)

Coal Inspection Tracking System

Underground MMU

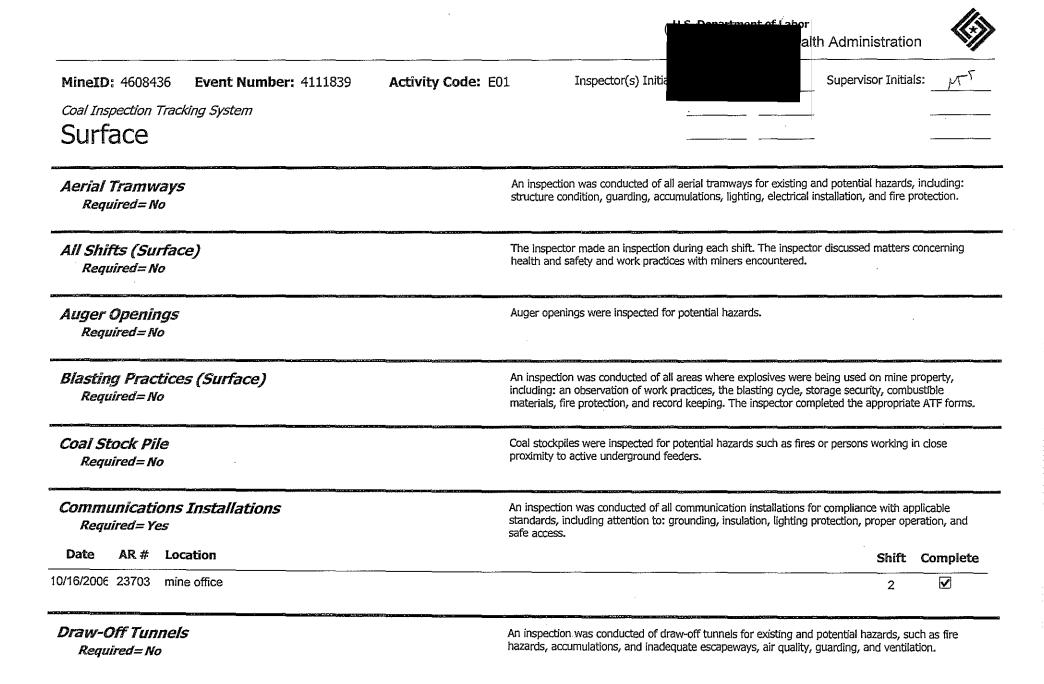
Inspection Progress - All MMU's for this Mine ID and Event

Section Equipment (Including Face Equipment) Required= Yes

An inspection was conducted of each piece of in-use or available for-use equipment to determine compliance with applicable standards, with attention to: permissibility, safe access, guards, equipment condition, fire suppression systems, combustible materials, fire protection, condition of trailing or other machine electrical cables, cable conduit, circuit breaker capacity and identification, methane monitors (where applicable), dust control, and safety devices. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

Date	AR#	Location				Shift	Complete
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 16962	2	✓
		out of service					
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no.16945	2	V
		out of service					
11/15/2006	23703	009-0	Stamler	Feeder	no. 1 feeder	2	✓
		out of service					
11/15/2006	23703	009-0	Fletcher	Roof Bolting Machine	no. 2005339	2	✓
		out of service					
11/15/2006	23703	009-0	Fletcher	Roof Bolting Machine	no. 200339	2	✓
		out of service					
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	no. 4677 rt.	2	 ✓
		out of service					
11/15/200€	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	no. 4657 LT.	2	V
		OUT OF SERVICE	<u> </u>				
11/15/2006	23703	009-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Shuttle Car	no. 77017	2	V
		out of service					
10/4/2006	23703	030-0	Other Type Not Listed	Transformer	no. 20812-2300	2	V
10/4/2006	23703	030-0	Joy Machinery Co. (Joy, Joy Manufacturing Co.)	Continuous Mining Machine	no. 5811 RT.	2	V

MineID:	460843	6 Event Num l	oer: 4111839	Activity Code: E01	Inspector(s) Initials:	2	Supervisor Initial	ls:KT
Coal Insp	ection T	Tracking System						A.II.
Unde	ergr	ound MMI	J Inspection Pi	rogress - All MMU's for t	this Mine ID and Event —			
10/4/2006	23703	030-0	Fletcher		Roof Bolting Machine	no. 203058 LT.	2	V
10/4/2006	23703	030-0	Fletcher		Roof Bolting Machine	no. 204328 RT.	2	Ø
10/4/2006	23703	030-0	Joy Machine Manufacturin	ry Co. (Joy, Joy g Co.)	Shuttle Car	no. 17203 LT.	2	V
10/4/2006	23703	030-0	Joy Machine Manufacturin	y Co. (Joy, Joy g Co.)	Shuttle Car	no. 17504 center	2	V
10/4/2006	23703	030-0	Joy Machine Manufacturin	y Co. (Joy, Joy g Co.)	Shuttle Car	no. 17505 RT.	2	✓
10/4/2006	23703	030-0	Fairchild		Scoop	no. T39224/no. 2	2	✓
10/4/2006	23703	030-0	Fairchild		Scoop	no. T39-231/no. 1	2	✓
10/4/2006	23703	030-0	Other Type N	lot Listed	Forklift	no. 153	2	✓
10/4/2006	23703	030-0	Joy Machine Manufacturin	y Co. (Joy, Joy g Co.)	Continuous Mining Machine	no. 4918 LT.	2	✓
10/4/2006	23703	030-0	Stamler		Feeder	no. 54-2147	2	•
10/4/2006	23703	030-0	Other Type N	ot Listed	Battery Charger	no. 1	2	V
10/4/2006	23703	030-0	Other Type N	ot Listed	Battery Charger	no. 2	2	Z
10/4/2006	23703	030-0	Fairchild		Scoop	no. 1 service scoo	pp 2	✓
	cue De ed=Yes	evices (Workin	g Section)		The operator's compliance with approve valuated by inspecting a representation of less than ten percent each inspection.	re number of each type of o	-use requirement levice in use at th	s was e mine, but
Date	AR#	Location					Shift	Complete
10/3/2006	23703	030-0					2	✓



Event Number: 4111839

Activity Code: E01

Inspector(s) Initia

Supervisor Initials:

Coal Inspection Tracking System

D-box

Surface

Drilling Practices Required= No	An inspection was conducted of all drill sites on mine property and the inspector observed a complete drilling cycle to evaluate work practices, examination of equipment, safe access, equipment condition, accumulation of combustible materials, fire protection, and noise and respirable dust controls.
Dumping Facilities Required= No	An inspection was conducted of conditions and practices at all dumping facilities in accordance with guidance provided in the Dump Point Inspection Handbook, including the adequacy of stop blocks, berms, access road grades, warning signs, posted speed limits, and the presence of stress cracks.
Electrical Installation Required=Yes	An inspection was conducted of all electrical installations for existing and potential hazards, such as: structure condition, guarding, accumulations, lighting, fire protection, safety devices, and safe access.
Date AR # Location	Shift Complete
0/16/200€ 23703 north portal	2 🗹

Event Number: 4111839

Activity Code: E01

Inspector(s) Initia

Coal Inspection Tracking System

Surface

Equipment

Required = Yes

An inspection was conducted of each piece of in-use or available-for-use equipment to determine if hazards or potential hazards existed. The inspection evaluated compliance with applicable standards, including: safe access, guards, equipment condition, fire detection systems, combustible materials, fire protection, condition of electrical cables, wiring, and circuit protection. If a serial number was not available, a description (company number, etc.) was entered in the comments section.

Date	AR#	Location				Shift	Complete
10/16/200€	23703	charger barn/shop	Other Type Not Listed	Air Compressor	no. 1	2	✓
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 13	2	V
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 12	2	V
10/16/200€	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 11	2	V
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 11	2	~
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 10	2	✓
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 8	2	✓
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 7	. 2	V
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 6	2	✓
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 5	2	~
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 5	2	✓
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 4	2	V
10/16/2006	23703	mine office	Other Type Not Listed	Battery Charger	no. 2	2	
10/16/2006	23703	charger barn/shop	Other Type Not Listed	Battery Charger	no. 1	2	V

U.S. Department of Labor

Mine Safety and Health Administration

MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Initi

upervisor Initials: 💹 🔎

Coal Inspection Tracking System

UG Outby Areas

Alternate Escapeway (Including Facilities)

Required = Yes

Alternate escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the alternate escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR#	Location	Travel Begin	Travel End	Shift	Complete
10/3/2006	23703	MAINS	NO. 4 BELT HEAD	SURFACE	2	✓
10/3/2006	23703	MMU 030	MMU 030	MOUTH OF SECTION.	2	✓ ,

Event Number: 4111839

Activity Code: E01

Inspector(s) Init

Supervisor Initials:

Coal Inspection Tracking System

UG Outby Areas

Bleeders Including Each Check Point Required= Yes

At least one entry in each set of bleeder entries was inspected in its entirety or to evaluation points approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the bleeder entries. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR#	Location	Travel Begin	Travel End	Shift	Complete
11/8/2006	23703	EP 20	EP 20	EP 20	2	V
11/6/2006	23703	ep 20A	ep 20a	ep 20a	2	✓
11/6/2006	23703	ep 22	ep 22	ep 22	2	V
11/6/2006	23703	ep 33	ep 33	ep 33	2	V
10/30/2006	23703	EP 39	EP39	EP 39	2	✓
10/30/2006	23703	EP 40	EP 40	EP 40	- 2	✓
10/30/2006	23703	EP 40A	EP 40A	EP 40A	2	✓
10/30/200€	23703	EP 41	EP 41	EP41	2	V
10/30/200€	23703	EP 42	EP 42	EP42	2	V
10/16/2006	23703	ep 59 LLB MAINS	ep 59	ep 59	2	Z
10/24/2006	23703	EP-43	EP-43	EP-43	. 2	✓
10/24/2006	23703	EP-50	EP-50	EP-50	2	✓
10/24/2006	23703	EP-55	EP-55	EP-55	2	✓

MineID: 4608436 Event Number: 4111839

Coal Inspection Tracking System

Activity Code: E01

Inspector(s) Initials

upervisor Initials:

UG Outby Areas

		•	,			
10/24/2006	23703	EP-55	EP-55	EP-55	2	✓
10/24/2006	23703	EP-56	EP-56	EP-56	2	V
10/24/2006	23703	EP-57	EP-57	EP-57	2	V
10/10/2006	23703	LLB MAINS	EP 52	EP 52	2	V
10/10/2006	23703	LLB MAINS	EP 59	EP 59	2	✓
10/10/2006	23703	LLB MAINS	EP 58	EP 58	2	✓
10/10/2006	23703	LLB MAINS	EP 54	EP 54	2	V
10/10/200€	23703	LLB MAINS	EP 53	EP 53	2	7
10/10/2006	23703	LLB MAINS	EP 53	EP 53	2	✓

Each Approved SCSR Storage Location Required= Yes

An inspection was conducted at all locations where SCSR's are required to be stored to determine compliance with applicable standards, including attention to: comparing the data from inspection records with observations made during the physical inspection of a representative number of self rescue devices. A representative number of miners were polled concerning donning procedures.

Date	AR#	Location	Travel Begin	Travel End	Shift	Complete
10/3/2006	23703	mains		·	2	✓
***************************************		break 88				
11/8/2006	23703	north mains intake escapeway			2	V

Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials:

Coal Inspection Tracking System

UG Outby Areas

Intake Air Courses Required= Yes

At least one entry in each Intake aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the intake aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR#	Location	Travel Begin	Travel End	Shift	Complete
10/18/200€	23703	east portal	surface-east portal	seal no. 1 no. 1 set of seals	2	✓
10/30/2006	23703	North Mains intake split for EP's	surface	EP 39	2	✓
10/4/2006	23703	OLD LLB MAINS	MOUTH OF PANEL	OVERCAST TO MMU 030	2	V

Non-Pillared Out Area (List Each) Required=Yes

Non-pillared out areas were inspected to the point of deepest penetration or to alternative evaluation locations approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the worked out area. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR#	Location	Travel Begin	Travel End	Shift	Complete
10/24/2006	23703	HEAD GATE 18	mouth of no. 1 entry	no. 5 entry mouth of panel	2	✓

Event Number: 4111839

Activity Code: E01

Inspector(s) Initi

Coal Inspection Tracking System

UG Outby Areas

Primary Escapeway (Including Facilities) Required= Yes

Primary escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Supervisor Initials:

Date	AR#	Location	Travel Begin	Travel End	Shift Complete
10/3/2006	23703	LLB MAINS	INTAKE SPLIT	MMU 030	2 🗸
10/3/2006	23703	MAINS	FAN	NO. 4 BELT HEAD	2 🗹
11/8/2006	23703	north mains	75 break	section	2 🗆

Return Air Courses Required = Yes

At least one entry in each return aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the return aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR#	Location	Travel Begin	Travel End	Shift	Complete
10/10/2006	23703	LLB MAINS	MMU 030	EP 59	2	7
10/16/2006	23703	LLB MAINS	surface	ep 59	2	V
11/13/2006	23703	North Mains return	return overcast	section	2	✓

104(d)(2) order was issued for bad top in numerous location. This condition had been reported for 34 days in the weekly exam book.

Event Number: 4111839

Activity Code: E01

Inspector(s) Init

Supervisor Initials:	UT

Coal Inspection Tracking System

UG Outby Areas

Seals (List Each Set) Required= Yes

All mine seals were inspected to determine compliance with applicable standards, including attention to: seal condition, water traps, test pipes, postings of examination certification dates, times, and initials, and seal ventilation. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR#	Location	Travel Begin	Travel End	Shift Com	plete
10/18/2006	23703	east portal	no. 1 seal	no. 31 seal	2]
10/24/2006	23703	NORTH WEST SEALS	NO. 1 SEAL	NO. 5 SEAL	2]
		NO. 3 SEAL HAS NOT BEEN BUIL	D YFT.			

			u N	n Administration
MineID: 4608436	Event Number: 4111839	Activity Code: E01	Inspector(s) Initials:	Supervisor Initials:
Coal Inspection Trace Haulage	cking System			
AMS Alarm Syste Required= Ye	ems (Including CO)		The inspector examined the AMS records and sys making a required calibration of system sensors. inspector compared the data and times obtained by the system on the surface.	To determine the accuracy of the system, the
Date AR # Lo	ocation			Shift Complete
10/18/200€ 23703 AL	L BELT CONVEYORS			2 🗸

Event Number: 4111839

Activity Code: E01

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Inspector(s) Initials	
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Supervisor Initials:	MT

Coal Inspection Tracking System

Haulage

Belts

Required= Yes

An inspection was conducted of each belt flight and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Date	AR#	Location	Travel Begin	Travel End	Shift	Complete
11/8/2006	23703	glory hole belt	glory hole head	glory hole tailpiece	2	
		glory hole belt head kva box				
11/8/2006	23703	northwest 7 belt	#7 tailpiece	#7 belt head	2	
11/8/2006	23703	northwest 6 belt	#6 Tailpiece	#6 belthead	2	
10/4/2006	23703	LLB MAINS	no. 2 tail piece	belt head	2	V
		kva box/ starter box, fire suppre	ssion			
10/10/2006	23703	MAINS	1 NORTH BELT, 52 BK	1 NORTH BELT 30 BK	2	\checkmark
10/10/2006	23703	MAINS	NO. 1 BELT HEAD	52 BREAK NORTH 6 FT. BELT	2	✓
		KVA BOX AND SPLITER				
10/10/200€	23703	LLB MAINS	NO. 1 BELT TAIL PIECE	NO. 1 BELT HEAD	2	V
10/18/200€	23703	no. 1 south belt	1 south tail piece	belt head on surface	2	✓
		mcc room, top of solo				
10/18/200€	23703	no. 1 north belt	plumly switch	no. 1 north belt head	2	✓
	·	KVA box				
10/30/200€	23703	No.2 6ft. Belt	tailpiece	belt head	2	✓
11/6/2006	23703	head gate mains	no. 3- 6 ft. tail piece	no. 3-6ft. Belt head	2	V
		KVA BOX				
11/6/2006	23703	glory hole mains	no. 4- 6 ft. tail piece	no.4-6 ft. belt head.	2	✓
		KVA BOX- two splitter box		•		
11/6/2006	23703	glory hole mains	no. 5 6 ft. tail piece	no. 5 belt 6 ft. belt conveyor	2	V
		kva box, two splitter boxes.				

Event Number: 4111839

Activity Code: E01

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ervisor Initials:	MS

Coal Inspection Tracking System

Haulage

Required = No determine if a hazard or potential hazard existed, including safe access, improper gua inoperative fire detection systems, combustible materials, fire protection, condition of cables and wiring, power source capacity, and general operating condition. The insper				An inspection was conducted of each skip shaft or bunker and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.			
			combustible or compared				
Date	AR#	Location	Travel Begin	Travel End	Shift	Complete	
10/4/2006	23703	LLB MAINS	MMU O30	SURFACE	2	✓	
11/8/2006	23703	north mains	4 belt head	6 belt head	2	✓	
11/8/2006	23703	north mains	glory hole	section	2	. 🗸	

U.S. Department of Labor	
Mine Sofaty and Haalth /	\dministration



Event Number: 4111839

Activity Code: E01

Inspector(s) Initia

upervisor Initials:

Coal Inspection Tracking System

Haulage

AMS Alarm Systems (Including CO)

Required= Yes

The inspector examined the AMS records and system components and observed the operator making a required calibration of system sensors. To determine the accuracy of the system, the inspector compared the data and times obtained during the inspection with information recorded by the system on the surface.

 Date
 AR #
 Location

 10/18/200€
 23703
 ALL BELT CONVEYORS
 2

Event Number: 4111839

Activity Code: E01

Inspector(s) Initia

Supervisor Initials:

Coal Inspection Tracking System

Haulage

Belts

Required= Yes

An inspection was conducted of each belt flight and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.

Date	AR#	Location	Travel Begin	Travel End	Shift	Complete
11/8/2006	23703	glory hole belt	glory hole head	glory hole tailpiece	2	
		glory hole belt head kva box				
11/8/2006	23703	northwest 7 belt	#7 tailpiece	#7 belt head	2	
11/8/2006	23703	northwest 6 belt	#6 Tailpiece	#6 belthead	2	
10/4/2006	23703	LLB MAINS	no. 2 tail piece	belt head	2	V
		kva box/ starter box, fire suppr	ession			
10/10/2006	23703	MAINS	1 NORTH BELT, 52 BK	1 NORTH BELT 30 BK	2	✓
10/10/2006	23703	MAINS	NO. 1 BELT HEAD	52 BREAK NORTH 6 FT. BELT	2	Y
		KVA BOX AND SPLITER				
10/10/2006	23703	LLB MAINS	NO. 1 BELT TAIL PIECE	NO. 1 BELT HEAD	2	✓
10/18/2006	23703	no. 1 south belt	1 south tail piece	belt head on surface	2	✓
_		mcc room, top of solo				
10/18/2006	23703	no. 1 north belt	plumly switch	no. 1 north belt head	2	✓
		KVA box	_			
10/30/2006	23703	No.2 6ft. Belt	tailpiece	belt head	2	V
11/6/2006	23703	head gate mains	no. 3- 6 ft. tail piece	no, 3-6ft. Belt head	2	✓
		KVA BOX				
11/6/2006	23703	glory hole mains	no. 4- 6 ft. tail piece	no.4-6 ft. belt head.	2	V
		KVA BOX- two splitter box				
11/6/2006	23703	glory hole mains	no. 5 6 ft. tail piece	no. 5 belt 6 ft. belt conveyor	2	V
		kva box, two splitter boxes.				

Event Number: 4111839

Activity Code: E01

Inspector(s) Initia		Su
'	 	

pervisor Initials:

Coal Inspection Tracking System

Haulago

Haul	age	•					
-	aft Fac	cilities, Bunkers No		An inspection was conducted of each skip shaft or bunker and all associated equipment to determine if a hazard or potential hazard existed, including safe access, improper guards, inoperative fire detection systems, combustible materials, fire protection, condition of electrical cables and wiring, power source capacity, and general operating condition. The inspector compared information from examination records with observations made during the inspection.			
Trackwa Req	ys uired=	Yes		The inspector made an inspection of each tra hazards existed including clearance, switches materials, fire protection, and condition of el information from examination records with o	s, bonding, trolley guards, equipment, ectrical cables and wiring. The inspecto	combustible or compared	
Date	AR#	Location	Travel Begin	Travel End	Shift	Complete	
10/4/2006	23703	LLB MAINS	MMU O30	SURFACE	2	✓	
11/8/2006	23703	north mains	4 belt head	6 belt head	2	V	
11/8/2006	23703	north mains	glory hole	section	2	✓	

U.S.	Department	of	Labor
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Event Number: 4111839

Activity Code: E01

Inspector(s) Initials

Supervisor Initials:	M->
Supervisor Initials:	$\underline{\mathcal{M}}$

Administration

Coal Inspection Tracking System

UG Outby Areas

Alternate Escapeway (Including Facilities) Required= Yes

Alternate escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the alternate escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR#	Location	Travel Begin	Travel End	Shift	Complete
10/3/2006	23703	MAINS	NO. 4 BELT HEAD	SURFACE	2	V
10/3/2006	23703	MMU 030	MMU 030	MOUTH OF SECTION.	2	V

MSHA Form 2000-218, Feb. 06

Event Number: 4111839

Activity Code: E01

Inspector(s) Initia

ia			Supervisor Initials:	 MS

Coal Inspection Tracking System

UG Outby Areas

Bleeders Including Each Check Point Required= Yes

At least one entry in each set of bleeder entries was inspected in its entirety or to evaluation points approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the bleeder entries. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR#	Location	Travel Begin	Travel End	Shift	Complete
11/8/2006	23703	EP 20	EP 20	EP 20	2	✓
11/6/2006	23703	ep 20A	ep 20a	ep 20a	2	✓
11/6/2006	23703	ep 22	ep 22	ep 22	2	V
11/6/2006	23703	ep 33	ep 33	ep 33	2	✓
10/30/2006	23703	EP 39	EP39	EP 39	2	V
10/30/2006	23703	EP 40	EP 40	EP 40	2	V
10/30/2006	23703	EP 40A	EP 40A	EP 40A	2	V
10/30/2006	23703	EP 41	EP 41	EP41	2	. 🔽
10/30/2006	23703	EP 42	EP 42	EP42	2	V
10/16/2006	23703	ep 59 LLB MAINS	ep 59	ep 59	2	✓
10/24/2006	23703	EP-43	EP-43	EP-43	2	V
10/24/2006	23703	EP-50	EP-50	EP-50	2	V
 10/24/200€	23703	EP-55	EP-55	EP-55	2	✓

Event Number: 4111839

Activity Code: E01

Inspector(s) Initia

pervisor Initials: $\mu \gamma$

Coal Inspection Tracking System

UG Outby Areas

10/24/2006	23703	EP-55	EP-55	EP-55	2	✓
10/24/200€	23703	EP-56	EP-56	EP-56	2	V
10/24/200€	23703	EP-57	EP-57	EP-57	2	V
10/10/2006	23703	LLB MAINS	EP 52	EP 52	2	V
10/10/2006	23703	LLB MAINS	EP 59	EP 59	2	✓
10/10/200€	23703	LLB MAINS	EP 58	EP 58	2	✓
10/10/2006	23703	LLB MAINS	EP 54	EP 54	2	✓
10/10/200€	23703	LLB MAINS	EP 53	EP 53	2	√
10/10/2006	23703	LLB MAINS	EP 53	EP 53	2	✓

Each Approved SCSR Storage Location Required= Yes

An inspection was conducted at all locations where SCSR's are required to be stored to determine compliance with applicable standards, including attention to: comparing the data from inspection records with observations made during the physical inspection of a representative number of self rescue devices. A representative number of miners were polled concerning donning procedures.

Date	AR#	Location	Travel Begin	Travel End	Shift	Complete
10/3/2006	23703	mains			2	✓
		break 88				
11/8/2006	23703	north mains intake escapeway			2	✓

Event Number: 4111839

Activity Code: E01

Inspector(s) Initial

		Supervisor Initials:		MS	
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Coal Inspection Tracking System

UG Outby Areas

Intake Air Courses Required = Yes

At least one entry in each Intake aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the intake aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR#	Location	Travel Begin	Travel End	Shift	Complete
10/18/2006	23703	east portal	surface-east portal	seal no. 1 no. 1 set of seals	2	V
10/30/2006	23703	North Mains intake split for EP's	surface	EP 39	2	~
10/4/2006	23703	OLD LLB MAINS	MOUTH OF PANEL	OVERCAST TO MMU 030	2	✓

Non-Pillared Out Area (List Each) Required= Yes

Non-pillared out areas were inspected to the point of deepest penetration or to alternative evaluation locations approved in the mine ventilation plan to determine compliance with applicable standards, including attention to: ventilation controls, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the worked out area. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR#	Location	Travel Begin	Travel End	Shift	Complete
10/24/2006	23703	HEAD GATE 18	mouth of no. 1 entry	no. 5 entry mouth of panel	2	✓

Event Number: 4111839

Activity Code: E01

Inspector(s) Initia

upervisor Initials: ________

Coal Inspection Tracking System

UG Outby Areas

Primary Escapeway (Including Facilities) Required= Yes

Primary escapeway entries and facilities were inspected in their entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, markings showing the route of travel, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the escapeway or facilities. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR#	Location	Travel Begin	Travel End	Shi	ft Complete
10/3/2006	23703	LLB MAINS	INTAKE SPLIT	MMU 030	. 2	✓
10/3/2006	23703	MAINS	FAN	NO. 4 BELT HEAD	2	V
11/8/2006	23703	north mains	75 break	section	2	

Return Air Courses Required=Yes

At least one entry in each return aircourse was inspected in its entirety to determine compliance with applicable standards, including attention to: ventilation controls, man door condition and placement, mine roof conditions, rock dust application, postings of examination certification dates, times, and initials, and any equipment being operated in the return aircourses. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR#	Location	Travel Begin	Travel End	Shift C	omplete
10/10/2006	23703	LLB MAINS	MMU 030	EP 59	2	✓
10/16/2006	23703	LLB MAINS	surface	ep 59	2	✓
11/13/2006	23703	North Mains return	return overcast	section	2	✓

104(d)(2) order was issued for bad top in numerous location. This condition had been reported for 34 days in the weekly exam book.

Event Number: 4111839

Activity Code: E01

Inspector(s) Initia

ipervisor Initials: ________

Coal Inspection Tracking System

UG Outby Areas

Seals (List Each Set)
Required= Yes

All mine seals were inspected to determine compliance with applicable standards, including attention to: seal condition, water traps, test pipes, postings of examination certification dates, times, and initials, and seal ventilation. The inspector made tests and measurements of air quality and quantity at locations required in the Coal Inspection Procedures Handbook and compared information in the operator's examination records with actual conditions in the area inspected.

Date	AR#	Location	Travel Begin	Travel End	Shift Complete
10/18/2006	23703	east portal	no. 1 seal	no. 31 seal	2 🗹
10/24/2006	23703	NORTH WEST SEALS	NO. 1 SEAL	NO. 5 SEAL	2
		NO 3 SEAL HAS NOT REEN BUIL	D VET		

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MineID: 4608436

Event Number: 4111839

Activity Code: E01

Inspector(s) Ir

pervisor Initials: ____

Coal Inspection Tracking System

UG Outby Equipment

Outby Equipment Required= Yes

An inspection was conducted of each piece of in-use or available for-use equipment to determine if any hazards or potential hazardous condition existed, including safe access, improper guards, equipment condition, inoperative fire suppression systems, combustible materials, fire protection, condition of trailing or inter-machine electrical cables, cable conduit, safety devices, and diesel compliance. The serial number, if available, was recorded. If a serial number was not available, a company number or other positive identification was entered in the comments.

Date	AR#	Location	Manufacturer	Type Equipment	Serial #	Shift	Complete
10/16/200€	23703	ep 59 LLB MAINS	Other Type Not Listed	Pump	no. 2 LLB RETURN PUMP	2	~
10/16/2006	23703	ep 59 LLB MAINS	Other Type Not Listed	Pump	no. 1 pump mouth of no. 5 drift	2	✓
10/24/2006	23703	HEAD GATE 18	Fairchild	Scoop	no. 145	2	✓
10/24/200€	23703	HEAD GATE 18	Other Type Not Listed	Battery Charger	no. 1	2	✓
10/24/200€	23703	HEAD GATE 18	Other Type Not Listed	Transformer	no. 1	2	✓
11/15/200€	23703	MAINS	Brookville	Mantrip	11	2	✓
11/15/200€	23703	MAINS	Brookville	Locomotive	1	2	V
11/15/2006	23703	MAINS	Brookville	Locomotive	2	2	✓
11/15/2006	23703	MAINS	Brookville	Mantrip	1	2	✓
11/15/2006	23703	MAINS	Brookville	Mantrip	10	2	✓
11/29/200€	23703	east portal	Other Type Not Listed	Transformer	kva box one bk in drift	3	V
		kva box bk 52, no. 1,2,4 mo	ntor chargers				
11/29/2006	23703	shop	Brookville	Locomotive	no. 6	3	✓
11/29/2006	23703	shop	Brookville	Locomotive	no. 1	3	✓

Event Number: 4111839

Activity Code: E01

Inspector(s) Initi

pervisor Initials: ______

Coal Inspection Tracking System

UG Outby Equipment

11/29/2006 23703 shop	Brookville	Mantrip	no. J6	3	√
11/29/2006 20/00 31100	Diookville		110. 30	3	
11/29/2006 23703 shop	Brookville	Mantrip	no, 4	3	✓
11/29/2006 23703 shop	Brookville	Mantrip	no. J2	3	✓
11/29/200€ 23703 shop	Brookville	Mantrip .	NO. J4	3	✓
11/29/2006 23703 shop	Brookville	Mantrip	NO. J12	3	✓
11/29/2006 23703 shop	Brookville	Locomotive	no. 2	3	✓

MSHA Form 7000-101, June 93 (revised)	Date 70 - 3-6	Date / 0 - 3 - 6
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MSHA Form 7000-10K, June 93 (revised)

MSHA Form 7000-10J, June 93 (revised) MSHA Form 7000-10K, Juna 93 (revised) MSHA Form 7000-104, June 93 (revised) UBB Date 10.4-6 7258410 DAILY COVER SHEET Date 10-10-06 Event No. 4111839 List Records Books Chacked WEEKLY EXAM. ON-SHIFT, PRE-SHIFT HARLOY TAYLOR - FIREBOSS AREAS OF INSPECTION ACTIVITY: OWALKED RETURN Air COURSE FOR MMY 030 SCETION. @WALKED AIR COURSE NPOSURO in 3 RT. PANEL (3) TORMINATED VIOLATION on MMy 030 SECTION NOMENE TRAVELED AROUND THRU MANDOORS MOLE Date 10-10-06 Inspector's Initi Supervisor's D&I Page No. Page No. Page No. Supervisor's D&) Supervisor's Initials 8 Paga No. ______ U.S.G.P.O.: 2001 — 609-238 *U.S. Government Prinzing Officer, 1995 -- 609-287 MSHA Form 7000-10J, June 93 (revised) MSHA Form 7000-10J, June 93 (revised) MSHA Form 7000-101, June 93 (revised) Citation # 7258409 LOCATION + KOTURN of mmy 009 SECTIO VIOLATION -75 364/6 RETURN CWIRY COCATION - (0 554/958 3 Proc NOT BEING TRAVERS EXPOSURU -RECORDS WORK FOUND 6 Exposurer - 1 parson JAS 20,8% 02 NAVOLOD WEEKLY 10-10-06 10-10-06 Inspector's Initial 10-10-06 Inspector's Initial Supervisor's D&I 4-5 0 (
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DAILY COVER SHEET

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